

Passport
Photograph



Ennis, Co.Clare.

Colaiste Muire,
College Road,

Tel: 065 6829497

Email: admin@colaistemuire.ie

Website: www.colaistemuire.ie

Application Form 2018/2019

Surname: _____ Christian Name(s): _____

Date of Birth: _____ Nationality: _____

Address: _____

P.P.S. No: _____ Home Telephone No.: _____

Email : _____ Religion: _____

Mobile number to be used for text alerts: _____

I give permission for this mobile number to be given to the Parents Association Yes _____ No _____

Father/Guardian: _____ Mother/Guardian: _____

Maiden Name: _____ Past Pupil: _____

Occupation: _____ Occupation: _____

Place of Work: _____ Place of Work: _____

Tel. No. of above: _____ Tel. No. of above: _____

No. of children in Family: _____ Place of child in Family: _____

Sisters attending Colaiste Muire:
(give names and classes) _____

School currently attended: _____ Roll No: _____

Details of any Special Educational Needs (attach relevant reports) _____

Medical Records: (e.g. Speech, Sight or Hearing difficulty, etc.) Please specify if applicable:

In the event of an accident please contact: _____

Family Doctor: _____ Medical Card Number _____

Any other relevant information: _____

Have you made an application to any other second level school? Yes _____ No _____

Please indicate if you give permission for your daughter's photograph to be used for the school's Prospectus, Website and publicity. Please note that names will not be attached to any image used. Yes _____ No _____

Signature of Parent/Guardian: _____ Date: _____

Personal Data will be retained by the school and will be made available for inspection by authorised officers of the Department of Education or the Office of the Data Protection Commissioner. For further details see www.education.ie

Office Use: Date Received: _____ Received by: _____
