

<p>Please Attach Passport Photo</p> <p>HERE</p>		<p>Coláiste Muire</p> <p>Application Form 2019/2020</p>	<p>College Road, Ennis, Co. Clare. V95 X683 Tel No: 065-6829497 Email: admin@colaistemuire.ie www.colaistemuire.ie</p>
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All of the information that you provide on this application will be treated as confidential.
Completed Application Form must be returned not later than 4p.m. Friday, 25 January 2019

Student's Personal Details		
First name/s:	Surname:	
Address:		
Email address:		
Home Telephone No: _____ Mobile No: _____ <small>To be used for Text alerts</small> I give permission for this mobile number to be given to the Parents Association Yes [] No []		
Date of Birth:	Student's PPSN:	Nationality:
		Religion:
Present Primary School: _____ School Roll Number: _____ School Telephone no: _____		
Maiden name of mother: _____		Past Pupil: Yes [] No []
Details of any Special Educational Needs: _____		
Number of Children in the Family: _____ Place of applicant in the Family: _____		
Sisters currently in Coláiste Muire:	Names	Class

Please return completed Application Form to: Admissions Office, Coláiste Muire, College Road, Ennis, Co. Clare
not later than 4p.m. Friday, 25 January 2019

APPLICATIONS WILL NOT BE CONSIDERED UNLESS THEY ARE COMPLETED IN FULL

Medical Records: (e.g. Speech, Sight, Hearing or Mobility, etc.):

Family Doctor: _____

Medical Card No (if applicable): _____

In event of an accident please contact: _____

Parent/Guardian Details

Surname: _____

Surname: _____

First Name: _____

First Name: _____

Relationship to Student: _____

Relationship to Student: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Mobile No: _____

Mobile No: _____

Work No: _____

Work No: _____

Home No: _____

Home No: _____

Email: _____

Email: _____

Name and address to which all correspondence should be mailed:

In accordance with the Department of Education and Skills Guidelines I/we give permission for Coláiste Muire to share information on this form with the DES and for both the school and the DES to retain personal information about my child for the purpose outlined in DES Circular 0047/2010 (a copy of which is available at www.education.ie). A copy of the full Data Protection Policy is posted on our website www.colaistemuire.ie. Your child's data will be collected, processed and used in accordance with the Data Protection Policy during the course of her time as a student in the school.

I/we confirm that all the information supplied is complete and correct. [] I/we

have included a copy of a valid Birth Certificate and Photography. []

Signature(s) of Parent(s)/Guardian(s): _____ Date: _____

_____ Date: _____

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