

*All information will be treated confidentially.  
PLEASE COMPLETE IN BLOCK CAPITALS.*

Please Attach Passport Photo <b>HERE</b>		<b>Coláiste Muire</b>  Application Form 2020/2021	College Road, Ennis, Co. Clare. V95 X683 Tel No: 065-6829497 Email: <a href="mailto:admin@colaistemuire.ie">admin@colaistemuire.ie</a> Website: <a href="http://www.colaistemuire.ie">www.colaistemuire.ie</a>
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Student's Personal Details		
First name/s:	Surname:	
Address:		
Parent Email address:		
Home Telephone No: _____ Mobile No: _____ To be used for Text alerts 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: _____		
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 attending/attended 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, 24 January 2020  
APPLICATIONS WILL NOT BE CONSIDERED UNLESS THEY ARE COMPLETED IN FULL*

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**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](http://www.education.ie)). Coláiste Muire will use this data for in-school management systems (e.g. VSware, Easy Payments Plus, etc.). A copy of the full Data Protection Policy is posted on our website [www.colaiSTEMUIRE.ie](http://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. [ ]

I/we consent that my daughter's photograph may be used for school activities including school publications as per School Policy. [ ]

**Signature(s) of Parent(s)/Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

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