

Principal: Eugene Kelliher
Deputy Principal: Eileen Herlihy

Roll No: 18128C



Scoil Mhuire,
Kiskeam,
Mallow,
Co. Cork.
029-76456
info@scoilmhuirekiskeam.ie

Enrolment Application Form - 2026/27

Appendix (1)

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides): _____

Name and class of Sibling(s) currently enrolled: _____

Parish in which the applicant resides: _____

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Completed enrolment applications must be returned to Scoil Mhuire, Kiskeam, Mallow, Co. Cork **by the 13th of March 2026.**

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Appendix (2)

Child's Details

Nationality: _____ Religion: _____

Is the child left-handed or right-handed? _____

Does the child have any difficulty with: (If yes please give some details)

Sight: _____

Hearing: _____

Speech: _____

Learning: _____

Are any reports or assessments available? _____

Does the child suffer from a physical disability? (If yes please give details)

Does the child suffer from an illness? (If yes please give details)

Does the child suffer from any allergies? (If yes please give details)

Do you agree to the administration of antibiotics in the case of an emergency? Please sign your name if you approve or tick the "NO" box if you do not approve.

Signature: _____ No

Do you agree to your child being taken to hospital in case of an emergency? Please sign your name if you approve or tick the "NO" box if you do not approve.

Signature: _____ No