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Scoil Mhuire,  
Kiskeam  
Mallow,  
Co. Cork  
029-76456

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Roll Number: 18128C

## Enrolment Application Form

**Scoil Mhuire, Kiskeam - 2024/25**

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 **22<sup>nd</sup> March.**

**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