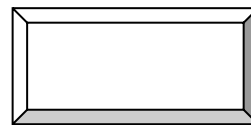




## Appendix S.1

## ENROLMENT FORM



**NOTE 1:** A Birth Certificate is required and a copy must be kept in the school.

**NOTE 2:** A valid PPS number is required.

**NOTE 3:** To complete enrolment €30 non-refundable deposit on School Costs is required.

<u>CHILD'S NAME:</u>	_____	PPS Number: _____
<u>DATE OF BIRTH:</u>	_____	NATIONALITY: _____
<u>ADDRESS:</u>	_____ _____	

<u>PARENTS' NAME:</u>	Mother: _____	Father: _____
<u>MOBILE NUMBER:</u>	_____ _____	
<u>LANDLINE NUMBER:</u>	_____	EMAIL: _____

Medical Problems or Allergies (if any): \_\_\_\_\_

ADDITIONAL NEEDS: Does your child have any additional needs? YES ☐ NO ☐

GIVE DETAILS \_\_\_\_\_

WHAT RESOURCES has your child received to date? \_\_\_\_\_

**PLEASE ATTACH ANY ASSESSMENTS OR RELEVANT DOCUMENTS THAT YOUR CHILD MAY HAVE**

IN CASE OF EMERGENCIES:

Place of Employment: Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: Father: \_\_\_\_\_ Phone: \_\_\_\_\_

ALTERNATIVE Contact Person 1:(if parents unavailable)

Name \_\_\_\_\_ Phone: \_\_\_\_\_

ALTERNATIVE Contact Person 2:(if parents/first alternative contact unavailable)

Name \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an accident, I give the school permission to apply first aid if necessary.  
YES ☐ NO ☐

Year for which child is being enrolled: \_\_\_\_\_ Class: \_\_\_\_\_

Name of pre-school your child attended (if any): \_\_\_\_\_

If your child is transferring from another school please provide school name and address:  
\_\_\_\_\_  
\_\_\_\_\_

MQI OFFICE USE ONLY: DATE RECEIVED: \_\_\_\_\_ SIGNED BY: \_\_\_\_\_