

Principal:
Michael Kelly

Deputy-Principal:
Una Raftery

e-mail: mountbellewns.ias@eircom.net



ST. MARY'S N.S.
Mountbellew,
Co. Galway.

Tel: 090 9679396
Fax: 090 9679767

Enrolment Form

Applicant Details

First Name: _____

Surname: _____

Address: _____

Date of Birth: _____

PPS Number: _____

Parents

Name of Mother _____

Name of Father _____

Phone (Home) _____

Phone (Home) _____

Phone (Work) _____

Phone (Work) _____

Mobile Phone _____

Mobile Phone _____

Occupation _____

Occupation _____

Child's Previous Education

Previous schools attended:

Year	School / Pre-school	Address	Classes	Reason for leaving

Special Needs:

Has your child been assessed by:

Educational Psychologist? Yes ☐ No ☐

Speech Therapist? Yes ☐ No ☐

Occupational Therapist? Yes ☐ No ☐

Other (please specify) _____

Does your child have any special educational needs? ☐ Yes ☐ No

Please Specify: _____

*Please attach a copy of above reports where applicable

Medical:

1. Does your child suffer from any illness that the school should be aware of?

Yes ☐ No ☐

Please specify: _____

2. Does your child suffer any allergy that the school should be aware of?

Yes ☐ No ☐

Please specify: _____

3. Does your child require any medication that the school should be aware of?

Yes ☐ No ☐

Please specify: _____

Emergency Contact Numbers:

Doctor's Name	Address	Phone Number

Please list at least 2 emergency contact names/numbers (other than those overleaf) whom the school can contact in the event of an emergency.

Name	Address	Phone Number
Childminder (if appropriate)	Address	Phone Number

In the event of an accident / emergency occurring and school being unable to contact any of the numbers above or overleaf, it is the policy of the school to seek medical attention for the injured party.

Signature of parent(s) Mother: _____ Date: _____

Or Guardians:

Father: _____ Date: _____

Guardians: _____ Date: _____

(Please supply Childs Birth Cert. for school records. This will be returned.)