



St. Catherine's
RUSH
NATIONAL SCHOOL

St. Catherine's National School
Kenure, Rush, Co. Dublin

Phone: 01 8438266
E-mail: secretary@stcatherinesns.ie

Application for Enrolment Form

To be returned by March 31st of year of entry to school

This form can be used in several ways:

A1: Download to your computer

A2: Print out and fill in by hand

A3: Return the completed form to the school

B1: Simply click in the boxes (or tab through) and type directly onto the form

B2: Save and print the form

B3: Return the completed form to the school

C1: Save the form to your computer for print or to fill out electronically later

C2: Return the completed form to the school

IMPORTANT

You must include the following:

1. Birth Certificate
2. Baptismal Certificate (if Roman Catholic)
3. A Utility Bill
4. Reports (if transferring from another school)

ORIGINALS ONLY - THESE WILL BE RETURNED TO YOU



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Child Information

Child's Full Name (as on Birth Certificate):

Child's Name (if different):

PPS Number:

Date of Birth (Birth Certificate must be submitted):

Sex:

Male

Female

Nationality:

Religion (if Roman Catholic a Baptismal Certificate must be submitted):

Address:

Email Address (if used):

No. of children in family:

Place of child in Family (e.g. youngest, middle, eldest):

Parent Information

Father's Name:

Mother's Name:

Father's Occupation:

Contact Number:

Mother's Occupation:

Contact Number:

Father's Nationality:

Mother's Nationality:

If Non-Irish please state whether English is the main language used in your home:

Yes

No

(Special English Language Classes may be available for your child)

Signature 1:

Date:

Signature 2:

Date:



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For Junior Infants ONLY

Did your Child attend Pre-School:

Yes No

Name of Pre-School

Address of Pre-School

Number of years there:

Type of Pre-School attended:

Early Start Classes Daycare or Chreche Facilities Montessori, Nursery School or Naoinrai Other

For Children transferring from another School ONLY

Present Class:

Class to attend in St. Catherine's:

Name, Address and Phone Number of previous Primary School:

Child Information

Does your Child have any specific Educational, Physical, Intellectual or Emotional needs:

Yes No

If 'Yes' please specify (please feel free to attach extra details to your application):

Hearing Difficulty:

Yes No

Sight Difficulty:

Yes No

Speech Difficulty:

Yes No

Skin Problems:

Yes No

Asthma:

Yes No

Name of Family Doctor:

Emergency Contact Information

Contact 1 (to be used in an emergency):

Contact Number:

Contact 2 (to be used in an emergency):

Contact Number: