



2020 Application Form

St. Joseph's Primary School

Macroom Co. Cork

Passport
Photograph X 1

Tel: 026 41847

E-mail: stjosephsmacroom@gmail.com

Pupil first name: _____ PPS number: _____

Pupil surname: _____ Male Female

Address: _____ Eircode: _____

Date of Birth: _____ Nationality: _____ Language spoken at home: _____
(Please supply Birth Certificate, this will be photocopied and returned)

Religion: _____
(Please supply Baptismal Certificate if Catholic)

Mother: _____

Mother's Occupation: _____

Phone No. _____

e-mail: _____

Pre-School/ Previous School: _____

Father: _____

Father's Occupation: _____

Phone No. _____

e-mail: _____

If parents cannot be contacted, please supply names and phone numbers of emergency contacts:

1. _____

Phone No. _____

2. _____

Phone No. _____

Name and phone number of family G.P. _____

Does your child suffer from any medical condition? Yes No

If yes, please give details: _____

In order for the school, to put in place the best resources for your child's education from the start of the school year, we require the following information. Has your child ever had an assessment with any of the following?

(a) Speech & Language Therapist (b) Occupational Therapist (c) Psychologist (d) Counselling/therapy
(e) Other

If yes, to any of the above, please ensure you speak to the principal.

Does any legal order under family law exist of which the school should be made aware?

It is essential that the school be made aware of any court order or family arrangement which might affect the child's welfare. These matters should be discussed with the principal.

Signature of Parents/Guardians: _____

Please note that if your child enrolls in the school, we are required to enter his/her information details on the Department of Education and Skills' Primary Online Database (POD). Information may be found on www.education.ie