



Principal: Michael Tunney

Scoil Íosa

Convent Hill
Ballina Co. Mayo

Tel: 096 70532

Fax: 096 72658

www.scoiliosaballina.ie

Email: info@scoiliosaballina.ie

Application for Enrolment – 2016/2017

| CHILD'S DETAILS | | | |
|---|-----------------------|---------------------|------------------------------------|
| First Name: | | Surname: | |
| Male/Female: | | *Date of Birth: | |
| Current Permanent Address: | | | |
| Class Standard for 2016/2017 School year: | | **Child's Religion: | |
| Name and Address of Previous School Attended: | | | |
| ***Special Educational Needs: | | | |
| Names of Siblings Currently or Previously Enrolled in Scoil Iosa: | | | |
| PARENTS'/GUARDIANS' DETAILS | | | |
| Full Name of Mother/Guardian | | Mobile Phone No. | |
| Full Name of Father/Guardian | | Mobile Phone No. | |
| <p>*All applications must be accompanied by a copy of the applicant child's original birth certificate. **Applications for children of the Catholic faith must be accompanied by a copy of the child's baptismal certificate. ***For the purposes of school resource applications to the NCSE, applications for children with Special Educational Needs should be accompanied with copies of educational and/or clinical assessment reports e.g. Psychological Assessment, Occupational Therapy Assessment, Speech and Language Assessment etc.</p> <p>I confirm that the information above is accurate. I understand that application forms that are incomplete or contain inaccurate information will not be processed:</p> <p>Signature of Parents: _____ Date: _____</p> | | | |
| OFFICE USE ONLY | | | |
| Birth Certificate | Baptismal Certificate | Assessment Reports | School Report/Transfer Certificate |