

Curragh Post Primary School



Application Form for School Year 20_____

Phone: 045 441809 Web. www.curraghpps.ie Email: curraghpps@kwetb.ie

Forename: _____ Surname: _____

Date of Birth: _____ PPS No: _____ Gender: _____

To Join Year (1st, 2nd etc): _____ Language spoken at home: _____

Former School: _____ Mother's Maiden Name: _____

_____ Parent's Email: _____

Home Address: _____

Postal address to which all correspondence should go (if different from home address: _____

Mother: _____ Home Phone: _____ Work Phone: _____

Father: _____ Home Phone: _____ Work Phone: _____

Other Phone (Please specify): _____

Doctor: _____ Phone: _____

Address: _____

Medical Card (Y/N): _____ Med Card No.: _____

Health Notice: _____

(Please note any serious illness, accident, operation, medical condition, allergy, regular treatment of which the school should be aware.)

Has you child got an educational assessment? (Y/N): _____

If YES please send in the report(s) to the school.

Does your child have a brother/sister attending this school at present? (Y/N): _____

If YES name of brother/sister: _____

Did a parent or guardian of your child attend this school in the past? (Y/N): _____

If YES name of parent/guardian: _____

Other information you consider relevant:

The enrolling student and parent(s)/Guardian(s) agree to accept the terms of the school's code of behaviour and the school's right to promote good behaviour and to deal with indiscipline in accordance with the properly agree code of behaviour.

Parent(s)/Guardian(s)' signature: _____

Student's signature: _____

Date: _____

All applications are considered in accordance with the school's Admissions Policy (available on request and on the school website). There is a right of appeal to KWETB under section 29, Appeals.
Completion of an application form does not guarantee a place in the school. The school reserves the right to change its Admissions Policy.