

WHITECHURCH NATIONAL SCHOOL:
Cappagh
Co. Waterford



SCOIL NÁISIÚNTA TEAMPALL GEAL
An Ceapach
Co. Phort Láirge.

Tel / fax +353-58 -68282
ríphost info@whitechurch.org
Roll Number 18108T

APPLICATION FORM FOR ENROLMENT

Surname:
First Name(s):
Full Address:
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Child's P.P.S. No.
Date of Birth
Male / Female
Class (if applicable)

Father / Guardian
Father's Occupation
Phone Numbers:
Home:
Work:
Mobile:

Mother / Guardian
Mother's Occupation
Phone Numbers:
Home:
Work:
Mobile:

Was the child baptised?
(Please include baptismal cert.)
Religion:
Parish:
Nationality:
First Language:

Emergency contact numbers:
Childminder Name: Phone No.
Contact 2 Name: Phone No.
Contact 3 Name: Phone No.

Doctor's Name: Phone No.
Dentist's Name: Phone No.

Principal
Mr. Michael Culloo



Deputy Principal:
Mrs. Martina Collins

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Medical History / Conditions / Allergies (if any):

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Previous Education (Pre-school or school): Please state name of previous school or pre-school, contact name and phone number. Please supply any available reports etc. from previous school.

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Do you give permission to have your child taken straight to hospital in case of serious illness or accident?

Yes No

Do you give permission for your child's details to be given to the Health Authorities?

Yes No

Do you give consent for your child's uniform / tracksuit to be changed by a teacher in the presence of another adult in case of illness or toilet accident?

Yes No

The school should be made aware of any Court Order or any change in family circumstances which affect the child's welfare.

Under the **Education (Welfare) Act, 2000** we are obliged to report to the National Education Welfare Board any pupil who has a cumulative absence of 20 days or more in an academic year.

Principal
Mr. Michael Culloo



Deputy Principal:
Mrs. Martina Collins