



Enrolment Enquiry Form

St Paul's Primary School
Abbeylands Navan

Email: info@stpaulsschool.ie

Phone: 0469028754

Website: www.stpaulsschool.ie

Personal Details

(Please fill the form in block capitals.)

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: (male/female) _____

Nationality: _____ PPSN: _____

Address _____

Eircode: _____ Religion (optional): _____

Mother's Name: _____ Mother's Mobile: _____

Mother's Email: _____ Mother's Country of origin _____

Mother's Maiden Name: _____ Mother's Occupation: _____

Father's Name: _____ Father's Mobile: _____

Father's Email: _____ Father's Country of origin _____

Father's Occupation _____ Siblings in the school: _____

Child's Position in family (e.g. eldest, etc) _____

Status of Parent's Relationship (Single, married, etc) _____

Any Medical Issues: _____

(eg: Asthma/Allergies)

Educational Details:

Name of playschool attended: _____ Year to start school _____

Any educational /other Special Needs: (please attach copy of relevant reports)

Does your Child have an Educational Psychological Report? Yes _____ No _____

If yes please attach a copy.

Has or is your child attending Clinic /Speech Therapist or other services ? If yes please specify:

Does your child have any behavioural /emotional difficulties? Yes: _____ No: _____

If yes please specify:

Any other relevant information that would assist the school?

Pupils Transferring from Another School

Name of Previous School:

Address of Previous School:

Current Class: _____ Reason for Transfer: _____

Please enclose previous school report:

All Pupils

Do you consent to your level 2 information (eg ethnicity, religion) being shared with the Department of Education & Skills Primary Online Database.

Yes _____ No _____

Please ensure this form is accompanied by a copy of the child's birth certificate as well as any relevant reports (eg. Educational Psychologist, O.T., S & L, Meath Primary Care Team or Enable Irl)

Signature:

Date:

Parent/Guardian