

Macroom, Co. Cork



## REGISTRATION FORM 2019/2020

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME TEL. NO.: \_\_\_\_\_

\_\_\_\_\_ P.P.S. NO.: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK TEL. NO.: \_\_\_\_\_

MOBILE: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

MOTHER'S EMAIL ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK TEL. NO.: \_\_\_\_\_

MOBILE: \_\_\_\_\_ FATHER'S EMAIL ADDRESS: \_\_\_\_\_

PUPIL'S NATIONALITY: \_\_\_\_\_ RELIGIOUS DENOMINATION: \_\_\_\_\_

MEDICAL CARD HOLDER: Yes No MEDICAL CARD NUMBER: \_\_\_\_\_

Name/s (and year group/s) of sister/s who will be in this school next year:

PRIMARY SCHOOL ATTENDED: \_\_\_\_\_

6TH CLASS TEACHER: \_\_\_\_\_

Arrangements to be made if your child is ill in school – please include contact details.

*When pupils need to go home because of illness there may not always be someone at home. It is necessary to have an address/phone number of someone we can contact in an emergency.*

Details of any problems your daughter may have in relation to health (allergies, epilepsy, asthma, sight, hearing, speech), or any other problems which may affect your child's progress at school.

Do you give permission to take your daughter straight to hospital in case of serious illness or accident?

CHILD'S DOCTOR: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

*This form should be accompanied by a €60 Registration Fee (€50 for the second and €40 for the third and subsequent pupils in the same family).*

I wish to have my daughter enrolled in St. Mary's Secondary School, Macroom.

Parents' Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN COMPLETED REGISTRATION FORM BY FRIDAY 26TH OCTOBER 2018

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*The Pursuit of Excellence  
in a Caring Environment*

