

St. Joseph's National School, Woodford, Co.Galway

Tel: (090)9749525 Mobile: 0879101539

Principal: Niall Kelly Deputy Principal: Eimear Gaffey

Enrolment Form

Student details

Student Name: (as on Birth Certificate)	
Address:	
	Eircode:
Date of Birth:	PPS No:
Gender:	Religion:
Nationality:	Place of Baptism
	Family Details
Mother's Name:	Mobile No:
Mother's Maiden Name:	
Father's Name:	Mobile No:
Designated mobile number for school apps and Additional phone number (in case of emergence	
Name:	Number:
E-mail Address for notifications:	
Brothers or sisters in St. Joseph's NS:	
E	ducational Details
Name of Previous Preschool or Primary schoo	I attended (if any):
Languages spoken at home:	

Medical Details

Does your son/daughter have an allergy/medic	al condition that we need to be aware of?
Yes No No	
If 'Yes' please outline briefly below any signs &	symptoms, medicine or treatment:
Name of child's Doctor:	Phone Number:
Emergency Contact name:	Phone Number:
Relationship to child:	
Person nominated to collect child other than a	parent or guardian:
Phone Number:	
General In	formation
Completed Application Forms for mainstreast. Joseph's NS, Woodford or by email to <u>Mainstreast</u> ASD class applications are on our Admission to a maximum of 6 students.	nfo@stjosephswoodford.com. Dates for
PPSN No is required by the Department of available to parents/guardians from (01) 70	
If school transport is required, please apply	online at <u>www.buseireann.ie</u>
Signed Date	Parent/Guardian
Signed Date	