



WAITING LIST
YEAR _____

Mayfield
COMMUNITY SCHOOL
SERVING THE COMMUNITY SINCE 1973
scóil phobail ghort álainn

PUPIL ENROLMENT / APPLICATION FORM

1. SURNAME _____ FORENAME(S) _____
2. DATE OF BIRTH _____ RELIGION _____ NATIONALITY _____
3. ADDRESS _____
P.P.S. NUMBER _____ TELEPHONE NO. _____ MOBILE _____
4. NAME OF MOTHER _____ FATHER _____
5. SURNAME AND FORENAME NAME OF GUARDIAN(S) _____
6. NUMBER OF CHILDREN IN FAMILY _____ YOUR PLACE IN FAMILY _____
7. DETAILS OF ANY ILLNESS OR HEALTH PROBLEMS _____
8. NAME(S) OF FAMILY MEMBERS WHO ATTENDED MAYFIELD COMMUNITY SCHOOL
1. _____ 2. _____ 3. _____

9. **DETAILS OF SCHOOLING TO DATE:**

School Name	Location of School	Class/Level	Principal/Class Tutor	Dates of Attendance From: To:

10. **LIST SUBJECTS PRESENTLY BEING STUDIED** (in order of preference, and state the level either, Higher[H]; Ordinary[O] or Foundation[F])
Please state clearly why you wish to leave your present school: _____

Subject	Level H/O/F	Subject	Level H/O/F	Subject	Level H/O/F
1		4		7	
2		5		8	
3		6		9	

This application form **MUST** be accompanied by:
(a) Character Reference from Principal of previous school.
(b) Copies of two most recent school reports.

Please note that a Questionnaire may be sent to your previous School Principal.

SIGNED _____ DATE _____