

# MAYFIELD COMMUNITY SCHOOL



*Note: The information provided on this form is confidential and will be retained, used and disclosed by Mayfield Community School in line with our Data Protection Policy. If a place is offered to the potential applicant named overleaf, further information will be requested in line with General Data Protection requirements.*

## **ENROLMENT APPLICATION FORM**

**2020 / 2021**

**Closing Date: Friday, 11<sup>th</sup> October 2019 @**  
**1.00 pm.**

**Please complete in BLOCK CAPITALS**

## ENROLMENT APPLICATION FORM 2020/2021

**Full Name** ..... **Student PPS No.** .....  
**Address (including Eircode)** .....  
**Home Telephone** ..... **Mobile Phone** ..... **E-mail Address:** .....  
**Date of Birth**..... **Religion**..... **Nationality:** .....**County of Birth (If Irish)** .....  
**Name of Primary/Secondary School last attended** .....**Tel. No.** .....  
**Will your son/daughter have completed a full course of Primary Education by 31<sup>st</sup> July, 2020** Yes  No

### Full Name(s) of children presently attending Mayfield Community School

	Full Name	Date of Birth	Year Group	Class
1.				
2.				

### Names(s) of Family Members who are Past Pupils of Mayfield Community School


### Details of Parents / Guardians

	Name	Mobile Phone No.	Work Telephone No.
<b>Name of Father</b>			
<b>Name of Mother</b>			
<b>Mother's Maiden Name</b>			

### MEDICAL HISTORY

**Name of Family Doctor** ..... **Doctor's Tel. No.** .....

**Please provide any relevant information** .....

**Does your family have a current Medical Card?** Yes  No

*I certify that the above information is correct.*

**Signature** ..... **Date** .....

Parent / Guardian

Parent / Guardian