

# 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** **2024/2025**

**Closing Date: Friday, 27<sup>th</sup> October 2023**

# Please complete in BLOCK CAPITALS

## ENROLMENT APPLICATION FORM 2024/2025

First Name .....Surname: ..... 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. ....  
Male  Female   
Will your son/daughter have completed a full course of Primary Education by 31<sup>st</sup> July, 2024 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.
Name of Father			
Name of Mother			
Mother's Maiden Name			

### 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 give permission to receive reports and information from Primary school: Yes  No

I certify that the above information is correct.

Signature ..... Date .....

Parent / Guardian

Parent / Guardian