

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 2027/2028

Closing Date: Friday, 23rd October 2026

Please complete in BLOCK CAPITALS

ENROLMENT APPLICATION FORM 2027/2028

First NameSurname: 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 attendedTel. No.
Male ☐ Female ☐
Will your son/daughter have completed a full course of Primary Education by 31st July, 2027 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