



## APPLICATION FOR ENROLLMENT

Date of application:	Preferred start date:
Child's Name:	
Date of birth:	Gender:
PPSN:	Religion:
Address:	
Family Doctor:	Phone No:
If your child is offered a place, you will have to provide a record of immunizations as required by the HSE.	
Does your child have any allergies or other medical conditions the school should know about?	
Is your child toilet-trained?	

**Contact details**

Mother's Name:

Phone:

Email:

Father's Name:

Phone:

Email:

**Emergency Contact – not Parent- during School Hours:**

Name:

PhoneNumber:

**Authorised Collectors**

Authorised alternative person to collect child from school:

Name:

Contact number:

**Parental consent:**

I **give/ do not give** (delete as appropriate) permission for photographs of my child, without his/her name, to appear on the school's Facebook page.

Parent's Signature:

I give consent for my child, \_\_\_\_\_, to receive medical treatment, if a doctor thinks it is required and I cannot be contacted.

Parent's Signature:

I give permission for my child to be taken on neighbourhood walks under the direct supervision of the staff of Tullamore Montessori School.

Parent's Signature: