



# Centre for European Schooling Primary School Enrolment Form



Junior Infants  Senior Infants  1st Class  2nd Class   
3rd Class  4th Class  5th Class  6th Class

The academic year you are applying for: 20..... / 20.....

### Student's Personal Details

Family Name:..... First Name(s): .....

Male:  Female:  Date of Birth:..... Age: .....

Country of Birth:..... Nationality: .....

Address: .....

.....

### Parents' / Guardians' Personal Details

#### Parent/Guardian 1:

Name: .....

Maiden Name:.....

Tel (Home): .....

Tel (Mobile): .....

#### Parent/Guardian 2:

Name: .....

Maiden Name:.....

Tel (Home): .....

Tel (Mobile): .....

'Text a parent' Number (if different from above): .....

### Emergency Contact:

Name: ..... Relationship: .....

Tel (Home): ..... Tel (Mobile): .....

If any Legal Orders please state:.....

Please state if reports are to be sent to both parents/guardians separately. Yes:  No:

If yes, please provide second address: .....

Illness/Disability: .....

Doctor: ..... Tel: .....

No of Children in the Family:.....

Siblings attending/previously attended the CES / St. Seachnall's N.S.:  
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**Educational Information**

Native Language(s):.....

Second Language:..... Is English Language Support required? Yes:  No:

Third Language:..... Do you have an Irish exemption? Yes:  No:

Special Needs:..... Psychological Report submitted? Yes:  No:

(Please attach any additional information)

**Previous School (if applicable)**

Name: .....

Address: .....

School Contact Name: .....

His / Her Telephone: .....

His / Her Email: .....

**ADDITIONAL INFORMATION (Achievements, Awards, Hobbies, Interests, etc.):**

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Signed (Parent/Guardian): ..... Date: .....