



St. Brendan's Girls' School, The Glen, Cork.

Tel: 021 4504877

Name of Child _____ Date of Birth _____

PPS number _____ Religion _____

Your child's home address _____

Nationality: _____

Mother's name _____ Maiden name _____

Mother's mobile number _____ Mother's occupation _____

Father's name _____

Father's address if different from above _____

Father's mobile number _____ Father's occupation _____

Email address for contact: _____

Number of children in the family _____ Child's place in the family _____

Sisters attending St. Brendan's _____

Brothers attending St. Mark's _____

Has your child attended Pre-school/Nursery Yes ___ No ___

Name of Pre-school/Nursery _____

Home tuition? Yes ___ No ___

Is English your child's first language at home? Yes ___ No ___

Medical conditions (including allergies to food/medicine etc) _____

Child's Doctor _____ Phone _____

Are you aware of any physical or behavioural difficulties with your child? _____

Is your child toilet trained? _____

If on long term medication (eg asthma inhaler, cystic fibrosis, medication etc) please speak with the principal.

I give permission to the school authorities for my child's participation in the following;

Schools Health Programme Yes ___ No ___

Trips and activities out of school Yes ___ No ___

Testing and assessment where teachers see a need for this Yes ___ No ___

I give permission to school authorities to arrange for A&E treatment, should an accident or sudden illness require such, if I cannot be contacted. Yes ___ No ___

Parent's signature _____ Date _____

Parent's signature _____ Date _____