



SCOIL MHUIRE

Coolcotts, Wexford
Y35 TR29

19739N
053-9144761

scoilmhuire@coolcotts.com
www.coolcotts.com

Application to Enrol

Child's First Name(s) _____ Last Name _____

I wish to apply to enrol my child for September _____ (year)

Gender _____ Date of Birth _____

Nationality _____ Religion _____

First Language of Parents _____

Child's Address _____

Previous School/Playschool _____

Siblings in the School _____

Mother: Country of origin _____

First Name _____ Last Name _____

Mobile Number _____ Home Number _____

Work Number _____ Email Address _____

Occupation _____

Past Pupil Yes No

Father: Country of origin _____

First Name _____ Last Name _____

Mobile Number _____ Home Number _____

Work Number _____ Email Address _____

Occupation _____

Past Pupil Yes No

Does any legal order under family law exist that the school should know about? Yes / No

Parent's/Guardian's Signature _____ Date _____

**Should your application be successful you will be requested to complete an enrolment form.
Details of enrolment policy available on website.