

Scoil Náisiúnta Naomh Iosaf,  
Sráid Na Cathrach,  
Co. an Chláir.  
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CRN: 20102302

St. Joseph's National School,  
Miltown Malbay,  
Co. Clare.  
Phone/Fax: 065-7084414  
Roll No: 18720K



### Enrolment Application Form

Pupil's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (at which the applicant resides): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PPS No: \_\_\_\_\_ Religion: \_\_\_\_\_

Name and class of Sibling(s) currently enrolled: \_\_\_\_\_

Parish in which the applicant resides \_\_\_\_\_

#### *Parent(s)/Guardian(s) Details:*

Name: \_\_\_\_\_ [  ] Parent [  ] Custodian [  ] Legal Guardian

Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Name: \_\_\_\_\_ [  ] Parent [  ] Custodian [  ] Legal Guardian

Address: \_\_\_\_\_

\_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_

***Names of Contacts in event of parents not being reachable:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

***Name of Family Doctor:*** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Any other information i.e. Allergies which School should know about.

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency I consent to the school seeking medical advice/assistance for my child.

Name(s) of Child/Children:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Guardian

We also require a Birth Cert for your child. We will copy it and return original to you.

Completed enrolment applications must be returned to **St. Joseph's N.S.** no later than **29/03/2024**