

Abbeyquarter,
Sligo,
Co. Sligo
Rep. of Ireland
Tel./ Fax: 071-9143073 (International +353-71-9143073)
Email: sligosp@eircom.net



NAME:DATE OF BIRTH: PPS No:

TELEPHONE(H)

ADDRESS:.....

ENROLMENT FOR CLASS: ADMISSION DATE:

PREVIOUS SCHOOL ATTENDED: (if applicable)

RELIGION.....

- *Please attach a copy of your child's birth certificate*
- *If your child is relocating from another school, please attach a school reference plus school records.*

Any educational difficulties Sligo School Project should be advised about:

MOTHER'S NAME:

TELEPHONE:

FATHERS'S NAME:

TELEPHONE:

(Please ensure that any change of telephone numbers is advised to ensure that we can always contact you.)

MEDICAL

Family Doctor:

Tel No:

Medical Card No: (if applicable)

Any medical details/special needs that Sligo School Project should be advised about:

EMERGENCY CONTACT TELEPHONE NO:

SIGNATURE OF PARENT/GUARDIAN: DATE:

Official Use Only

PREVIOUS SCHOOL RECORDS SUPPLIED:

YES/NO

ANY OTHER DETAILS: