

Abbey Quarter,  
Sligo,  
Co. Sligo  
F91XF51  
Rep. of Ireland  
Tel: 071-9143073 (International +353-71-9143073)  
Email: sligosp@gmx.com



NAME: .....DATE OF BIRTH: ..... PPS No: .....

TELEPHONE .....

ADDRESS.....

.....

ENROLMENT FOR CLASS: ..... ADMISSION DATE: .....

PREVIOUS SCHOOL ATTENDED: (if applicable) .....

NATIONALITY.....

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

Any educational difficulties Sligo School Project should be advised about: .....

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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:

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EMERGENCY CONTACT TELEPHONE NO: .....

SIGNATURE OF PARENT/GUARDIAN: ..... DATE: .....

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**Official Use Only**

**PREVIOUS SCHOOL RECORDS SUPPLIED:**

**YES/NO**

**ANY OTHER DETAILS:**