



Sligo School Project
Educate Together

Abbey Quarter
Sligo
F91FX51
Rep. of Ireland
Tel. 071-9143073

sligosp@gmx.com

Name of child: Date of Birth:

PPS No:

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 school reference plus school records.*

Any educational difficulties Sligo School Project should be advised about:

Mother's name: Telephone:

Father's name: Telephone:

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

Email-address:

Postal address:

MEDICAL

Family Doctor: Telephone:

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: