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): ……

- ***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:

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EMERGENCY CONTACT TELEPHONE NO: ……

SIGNATURE OF PARENT/GUARDIAN: …… **DATE:** ……

.Official Use Only

PREVIOUS SCHOOL RECORDS SUPPLIED: **YES/NO**
ANY OTHER DETAILS: