

ENROLMENT FORM

St. Mary's Academy CBS

Station Road, Carlow.

Phone: 059 9142419

Fax: 059 9130922

Email: principal@cbscarlow.net

Year (please circle): Ist, 2nd, 3rd, TYO, 5th, 6th, Repeat 6th Year

Previous School: _____

Start date: Month _____ Year _____

Name of student: _____

Address: _____

Date of birth: _____

Nationality: _____

Religion: _____

PPSN: _____

Phone: _____

Father's name _____

Mother's name _____

Please supply the name and address of the person(s) to whom correspondence should be sent. If the address is the same as that above simply write 'same'.

Name: _____

Address: _____

Family doctor: _____

Doctor's phone: _____

If the student has any medical condition that the school should be aware of, please supply details below. This will help the school to respond appropriately to any situation that might arise.

If the student is starting Senior Cycle, please give details overleaf of subjects studied for Junior Cycle and grades achieved.

A €20 administration charge must accompany this form.