Scoil Mhuire Junior School

Application Form

Personal Details

Surname: _____ First Name: _____

Address: _____ Religion: _____

_____ Telephone: _____

_____ Date of Birth: _____

Known Medical Conditions: _____

Position in Family: _____

Father's Name: _____ Occupation _____ Tel: _____

Mother's Name: _____ Occupation: _____ Tel: _____

Parent Email Address: | | | | | | | | | | | | | | | | | | | | | | | | |

Proposed Class of Entry: _____ Proposed Year of Entry: _____

Any Prior Connection to School?: _____

Other Information: _____

_____

PPS No. _____

Religious Affiliation of Child* _____

(If Catholic, please say)

Date of Baptism: _____ Church: _____

Date of First Communion: _____ Church: _____

* If Non-Catholic, please say _____

* I wish my child to participate/to remain without participating, in Religious Instruction Classes.

(Note: If there is no strong objection, we recommend that the child attends class with the others)

Please return to:
Admissions Sec., 1 Sidney Place, Wellington Road, Cork.
Tel: 021 4501844
E-mail: scoilmhuirejuniorschool@eircom.net
Tel: 021 4552440