

# SCOIL MUIRE

JUNIOR SCHOOL

## APPLICATION FORM

### PLEASE RETURN TO:

Scoil Mhuire Junior School Admissions  
20 St Patrick's Place  
Wellington Road  
Cork T23 KX31 Ireland  
Tel: 021 455 2440 | Email: info@scoilmhuirejs.ie

Surname	First Name
Date of Birth	Nationality
PPS NO	Position in Family

Address

Mother's Name	Occupation	
Tel	Mobile	Other

Email Address

Father's Name	Occupation	
Tel	Mobile	Other

Proposed Class of Entry	Proposed Year of Entry
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Any prior connection to Scoil Mhuire:

Previous School (if applicable)

Has your daughter any special educational or medical needs?

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

If there is any change to your contact details please inform the school.