



SCOIL NAOMH TREASA

Bellewstown
Drogheda
Co. Meath

Phone: (041)98 23629
Email: scoilnamhtreasa@gmail.com
Website: www.bellewstownns.com

APPLICATION FOR ENROLMENT

Pupil's Details		
First Name:	Date of Birth:	
Middle Name:	Country of Birth:	
Last Name:	Nationality:	
PPS Number:	Is English your child's first language:	
Gender:	Languages spoken at home:	
Contact Details		
Address:		
Eircode:		
Email:		
Parent / Guardian Details:		
Mother's Name:	Father's Name:	
Mother's Maiden Name:	Phone Number (Home):	
Phone Number (Home):	Phone Number (Mobile):	
Phone Number (Mobile):	Phone Number (Work):	
Phone Number (Work):		
Siblings attending Scoil Naomh Treasa:		
School Year due to start:		
Relevant Medical Information		
Family Doctor:	Phone Number:	
Any medical concerns/information of relevance? (use a separate sheet, if required)		
Has your child any Special Educational Needs? (use a separate sheet, if required)		
Pre-School / Previous School Attended (if applicable)		
Name of Pre-School / School:	Principal:	
Address:	Phone Number:	
Current class group (if moving from another school):		
<i>Please tick</i>		
Have you attached a Birth Certificate for your child?		Yes
		No

Signed: _____

Date: _____

It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills. Also the school may share Personal Pupil Data with other organisations such as the HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.