

**REGISTRATION FORM / When pupil is transferring
from another school**

(Form must be completed in full before a new pupil will be enrolled in the school). Please enclose a copy of the most recent school report and attendance record.

Pupil's Name: _____ Date of Birth: _____

PPS No: _____ Religion: _____

Address: _____

Email: _____

Telephone No: _____ Mobile No: _____

Mother's Name: _____ Occupation: _____

Father's Name _____ Occupation _____

Previous Schools: _____

What class was your child in on leaving the school? _____

Reasons for
transfer: _____

Health (Describe any speech, sight or hearing problems, allergies, behaviour or learning difficulties).

Is your child under medical supervision? Is your child on medication?

Signature of Parent/Guardian

Signed _____ Dáta: _____