

Phone: 091 520908  
Fax: 091 528734



Scoil Náisiúnta Róis,  
Dominican Convent,  
Rosary Lane,  
Taylor's Hill,  
Galway.

Name of Child: \_\_\_\_\_ Child's P.P.S.N. No: \_\_\_\_\_

Irish version if Known: \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No at Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Date and Place of Baptism: \_\_\_\_\_

Parish of Residence: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation and place of Work: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Occupation and place of work: \_\_\_\_\_

Brother's or Sister's already attending Scoil Rois: \_\_\_\_\_

If transferring from another school give name and address of that school, standard reached and latest report: \_\_\_\_\_

Religion: \_\_\_\_\_

If not Catholic, do you agree that your child will be present in class during Religion lesson: \_\_\_\_\_

Any other relevant information (e.g) Medical history: \_\_\_\_\_

Proposed date of entry to school: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian)

FOR OFFICE USE

Class: \_\_\_\_\_

Date: \_\_\_\_\_

Registration No: \_\_\_\_\_

Class Teacher: \_\_\_\_\_