



# HEADFORT SCHOOL

## APPLICATION FORM FOR JUNIOR INFANTS TO 1<sup>ST</sup> FORM

Pupil (Please indicate with a ✓) Junior Infants  Senior Infants  First Form  Second Form

Boy  Girl

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Date of Proposed Entry: \_\_\_\_\_

### **Parents/Guardian** (Please indicate with a ✓ to whom fee claims should be made)

Father

Mother

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No. Home: \_\_\_\_\_ Tel No. Home: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Tel No. Business: \_\_\_\_\_ Tel No. Business: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_



## HEADFORT SCHOOL

### IMPORTANT INFORMATION

Child's Doctor: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Doctor's Address:

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Allergies:

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Immunisations:

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Please give the history of any significant illness:

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Are there any other circumstances that the school should know about?

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#### *Emergency Medications*

In the event that the school is unable to contact the Parent/Guardian/Emergency contact, I give my permission to the teaching staff to administer medication for the relief of pain or high temperature: - Yes/No

#### *School Outings*

I agree to and authorise the staff of Headfort School to accompany my child on occasional outings outside Headfort: - Yes/No

*Outings requiring transport will request consent. You will be notified well in advance and if required parental help will be invited.*



## HEADFORT SCHOOL

### AUTHORISATION FOR COLLECTION OF YOUR CHILD

Headfort School must keep a parental/guardian signed record of authorised collectors.

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Please use the space below for this purpose and notify us of any changes as they may occur during your child's attendance at Headfort School.

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#### THE SMALL PRINT

***Payment of Fees:*** School fees are payable on or before the first day of term.

The school banks with **Bank of Ireland, John Street, Kells, Co. Meath, Ireland.**

The account number is **35138886**

Sort Code **903445**

The Swift (BIC) Number is **BOFI IE 2D**

IBAN: **IE48 BOFI 9034 4535 1388 86**

It is agreed between the parties that the contract herein was made within the Jurisdiction of the County of Meath, Republic of Ireland.

It is further agreed that one full term's notice in writing, or payment of a terms fee in lieu of such notice, is required prior to the removal of the student from Headfort School.

I, the undersigned, seek admission to Headfort for my \_\_\_\_\_ (state relationship), and enclose the registration fee of €200. This deposit is not an additional charge and will be refunded after the pupil has left Headfort School.

#### **Signature of both parents (where applicable):**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

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