**Coolderry Central School**

**Brosna, Birr, Co. Offaly.**

**Tel. 057 9131152**

[**www.coolderryns.ie**](http://www.coolderryns.ie)

***Registration Form for Enrolment***

Child’s Name: ..................................................................................................

Child’s P.P.S. No:..............................................................................................

Date of Birth:...................................................................................................

Religion: ........................................................................................................

Father’s Name *(in full) :............................................................................................................................*

Mother’s Name *(in full):...........................................................................................................*:...........

Mother’s Maiden Name ................................................................................

Address: ......................................................................................................................

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Telephone:...................................................................................................

Mobile:.........................................................................................................

Does your child suffer from any illness/allergies that the teacher should know about?

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Do you wish to apply for a bus ticket?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_