



Saol Christian School

27 North Strand, Drogheda, Co. Louth, A92 H348

Telephone: 041 214 6260

Email: office@saolchristianschool.com

Web: www.saolchristianschool.com

Student Enrolment Form

Enrolment for September _____ (year)

Student Details:

Surname:		First name:	
Date of birth:		PPS number:	
Gender:		Nationality:	
Address:			

Family Details:

Father's name:		Mother's name:	
Mobile no.:		Mobile no.:	
Place of work:		Place of work:	
Email:		Email:	
Of Christian Faith?:		Of Christian Faith?:	

Siblings in the school:

Name:		Name:	
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Medical History:

If your child has any medical, emotional, physical or learning conditions that would be important for the school to know of, please list them below. This includes any allergies. Please attach any medical reports/diagnosis reports with this application. All information is kept in strictest confidence.

Condition:	
Details:	
Condition:	
Details:	
Condition:	
Details:	

Educational History:

Previous school name:		Principal's name:	
School address:			
Classes completed:			

Agreements:

Please tick the following to indicate your agreement:

	I give Saol Christian School permission to request information from previous schools relevant to transferral to this school including educational assessments, psychological or psychiatric reports.
	I understand that if my child is offered a place in Saol Christian School, he/she will be subject to our Code of Behaviour and all other school policies and procedures.
	I agree to register as a member of the "parent section" of the school website and to keep updated with all school policies available in this members area such as school uniform, school dismissal times, lunches, absences etc.
	I agree to collect my child/ren from school on time each day. In any instance where I may be delayed, I agree to contact the school and inform them so that alternative arrangements may be made for the supervision of my child/ren until I collect them.
	I understand that the school is dependent on the timely payment of student fees and that I am responsible for ensuring that fees are paid on time. I also understand that it is my responsibility to inform the school immediately if, for any reason, payment of fees has not been completed or will be delayed.
	I agree that Saol Christian School has permission to take photographs and video footage of my child/ren for display in the school and for use to promote the school on social media platforms.
	I agree to inform the school immediately of any changes to contact details such as phone numbers and addresses. I understand that I must be contactable at all times in case of an emergency.

Other Documents:

	The child's original Birth Certificate must accompany this form. The Birth Certificate will be returned to you by post to the applicants address as it appears on this form.
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Signatures:

We confirm our intention to enrol our child in Saol Christian School for the year indicated. We accept the policies and procedures of Saol Christian School.

Signed:

Signed:

Father

Mother

Thank you for your application.

Please understand that receipt of enrolment is not confirmation of acceptance. The office will be in contact with you to discuss your application.

If you require any further information please contact our office.