

Telephone No: 021 4542294 E-mail address: office@glasheengirlsns.com

Name of Pupil:	
Address of Pupil:	
Contact email address:	
Proposed Year of Entry:	
Parents' Nationality (Country of origin):	
Pupil's First Language:	Language spoken at home:
Pupil's date of Birth:	
Name of Playschool:	
Mother's Name:	
Father's Name:	
Contact Phone Number:	Second Contact No.:
Do you have other children	presently enrolled in Glasheen Girls' or Glasheen Boys' NS
Have you or your parents att	tended either of the Glasheen Schools?
If you work within a 2km rac workplace.	dius of the school please list the location of your
Any Medical Problems / Aller	gies your child may have:
Does your child have any spe	cial education needs?:
Please return this form to Glasheen Road, Cork.	: Glasheen Girls' National School, School Avenue,