

**TRANSFER ENROLMENT FORM**

**C.B.S. Primary School, Chapel Street, Dundalk, Co. Louth (Telephone 042 932 7861)**

**Please return this form along with a copy of your child's birth certificate (in English)**

**With Personal Public Service Number (PPS) and all school reports**

**Request for Pupil Transferring School**

*(Completion of this form does not guarantee your child a place in our school)*

**Start Year for CBS:** \_\_\_\_\_

**Class in CBS:** \_\_\_\_\_

**Child's First Name:** \_\_\_\_\_

**(Other name if not on birth cert)** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Date of Birth:** Day \_\_\_\_\_ **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**Child's Place of Birth:** \_\_\_\_\_ **Mother – Country of Birth** \_\_\_\_\_

**Father – Country of Birth** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_

**P.P.S. Number:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

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

**Was Child Baptised:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Place Baptised:** \_\_\_\_\_

**Any health problem or allergies: – please list** \_\_\_\_\_

**MOTHER**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Maiden Name/Birth Surname:** \_\_\_\_\_

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

**Mobile Number:** \_\_\_\_\_ **Home Number:** \_\_\_\_\_

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

**FATHER**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

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

**Mobile Number:** \_\_\_\_\_ **Home Number:** \_\_\_\_\_

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

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**Current School Information:**

**School name:** \_\_\_\_\_

**Full School Address** \_\_\_\_\_

**Current Teacher:** \_\_\_\_\_ **Name of principal** \_\_\_\_\_