



MONAGHAN WALDORF SCHOOL CLG

ENROLMENT FORM

CHILD DETAILS

Full name: _____

Name child is known as: _____

Date of birth: _____

Nationality: _____

Gender: ☐ Female ☐ Male ☐ Other ☐ Wish not to state

Child's first language: _____

Other languages spoken at home: _____

FAMILY DETAILS (Helping us understand who cares for the child and who we need to contact)

Parent/guardian full name: _____

Relationship to the child: _____

Address: _____

Is this the child's home address: ☐ Yes ☐ No

Contact number: _____

Email address: _____

Consent to primary school mailing list and relevant WhatsApp notification groups: ☐ Yes ☐ No

Parent/guardian full name: _____

Relationship to the child: _____

Address: _____

Is this the child's home address: ☐ Yes ☐ No

Contact number: _____

Email address: _____

Consent to primary school mailing list and relevant WhatsApp notification groups: ☐ Yes ☐ No

Are parents/guardians legally separated or divorced? ☐ Yes ☐ No

EMERGENCY CONTACT DETAILS

Full name: _____

Contact number: _____

Full name: _____

Contact number: _____

Full name: _____

Contact number: _____

Full name: _____

Contact number: _____



For the sections below, please use additional pages at end of document if necessary.

MEDICAL INFORMATION

Please give details of any relevant medical conditions, health problems, allergies or dietary requirements:

Name of GP: _____

Address: _____

Contact number: _____

DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS?

These may be educational, developmental, behavioural, or physical that we should be aware of in order to best support their transition into our school. If relevant, please provide details (e.g., professional reports, existing support strategies, or areas your child may benefit from additional attention or care). Our aim is to meet each child where they are. Sharing information here helps us to plan appropriate supports and ensure a smooth start for your child.

Consent to communicate with support professionals (optional):

I give permission for Monaghan Waldorf School to contact relevant professionals involved in my child's care (such as therapists, psychologists, etc.) and/or receive or share reports with them, as needed to support my child's transition and integration into the school community.

☐ Yes ☐ No ☐ Not applicable

HAS YOUR CHILD BEEN ASSESSED OR RECEIVED SUPPORT FOR ADDITIONAL NEEDS IN THE PAST?

Please give details and attach reports if available (e.g., SNA support, speech therapy, OT, behavioural intervention).

SCHOOLS PREVIOUSLY ATTENDED WITH DATES (most recent first)

School: _____

Date (from - to): _____

School: _____

Date (from - to): _____

School: _____

Date (from - to): _____

School: _____

Date (from - to): _____

Please list siblings' names, ages, and (if applicable) which schools or early years settings they attend:

WHAT ARE YOUR REASONS FOR APPLYING TO MONAGHAN WALDORF SCHOOL?

SIGNED

Full name: _____

Signature: _____

Date: _____



