



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: \_\_\_\_\_

**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.

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**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).

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