



Raheen Wood  
Tuamgraney  
Co. Clare

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*Raheen Wood Steiner Secondary School*

**Student Enrolment Application Form**

Student's Name: \_\_\_\_\_ Dates to attend \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Students PPS/ID No: \* \_\_\_\_\_ Medical Card No: \* \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Postal Address of Parent(s)/Guardian(s): \_\_\_\_\_

Daytime contact number(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Doctor's Name and Contact No: \* \_\_\_\_\_

Preferred contact method  Email  Text  Hard Copy

Describe any Medical Conditions, e.g. Asthma, Diabetes and details of medication the student needs to take during school hours: (Use extra sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

Names & Ages of Siblings:

\_\_\_\_\_

Previous schools attended – please provide dates and attach the most recent school report:

\_\_\_\_\_

Has your child ever been assessed or required Educational/Learning Support Yes /No

Details (Attach report) \_\_\_\_\_

Do you think your child may need Learning Support? \_\_\_\_\_

Please let us know anything else you think is relevant on an attached sheet.

I enclose €50 and latest school report.  A deposit of €300, refundable when student leaves or in the event we cannot offer a place.

Signed (parents) \_\_\_\_\_ Date \_\_\_\_\_.

.....Office Use Below.....

Registration Fee €50  Deposit €300  Report  Payment Plan Agreed  Date \_\_\_\_\_

Signed (Teacher) \_\_\_\_\_ Signed (Administrator) \_\_\_\_\_ Date \_\_\_\_\_

\* These items are optional, but will be required following acceptance.