

Application Form For Admission 2025/26 School Year

NAME OF CHILD:			
CLASS WISHING TO BE EN	ROLLED:		
DATE OF BIRTH:			
CHILD'S PPS NUMBER:			
HOME ADDRESS:			
TELEPHONE NUMBER: M	IOBILE:	WORK:	
RELIGIOUS DOMINATION:	:		
ANY PREVIOUS SCHOOL A	ATTENDED:		
		OL	
DO YOU GIVE PERMISSION ILLNESS :	N FOR YOUR CHILD T	O BE TAKEN TO HOSPITAL INEV	VENT OF A SERIOUS
Yes		No	
ANY HEALTH PROBLEMS?	?		
PLEASE TICK IF APPLICA	BLE:		
Parents are past pupils		Grandparents are past pupils	
PHOTO CONSENT: I give my Child during their school year		n National School / Local Newspapers to	take and use images of
Yes		No	
The school should be made awar whose custody the child should i	re of any court order which not be given.	n affects the child's welfare and also the	name of any person into
Signed:	Parent/Guar	dian Date:	
All National Schools must now	comply with the Denart	ment of Education's Primary Online	Database. Please note

All National Schools must now comply with the Department of Education's Primary Online Database. Please note that the information on this form maybe used to populate our Primary Online Database.





