

# ***SNCN Application Form for Admission***

***\* \*Please fill in all sections of this form***

**Class level in which you wish to enrol your child:**

**Name & Address of most recent school /pre-school:**

**Family Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
(as on birth certificate) (the name by which your child is normally known)

Home Address: \_\_\_\_\_

Religion: \_\_\_\_\_ PPSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Tel No : \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Telephone No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Telephone No: \_\_\_\_\_

Father's email address \_\_\_\_\_ Mother's email address: \_\_\_\_\_

Other contact telephone nos.: \_\_\_\_\_  
(e.g. childminder, relative, friend) \_\_\_\_\_

Name(s) of current sibling(s) in the school: \_\_\_\_\_  
\_\_\_\_\_

Is either parent a past pupil of this school? Yes/No. \_\_\_\_\_ If 'Yes' please give details \_\_\_\_\_

Known medical conditions identified in your child (e.g. asthma, diabetes, epilepsy, allergies, coeliac, difficulties with eyesight, hearing, co-ordination, speech, other.). Please supply relevant details in the case of any of the above.

Family Doctor: \_\_\_\_\_ Tel. No: \_\_\_\_\_

**NOTE:** If there is any other information about your child / family, which may be relevant to your child's teacher / school, please include it in the space below. The information on this page is required for professional reasons only and will be treated with respect and confidentiality.

**N.B. If any of the above information changes, we would appreciate if you would let us know at once.**

I / we wish to apply to enrol my / our child in Scoil Náisiúnta an Chroí Naofa and agree to abide by the school's policies, rules and procedures.

A copy of your child's Birth / Adoption Certificate must be returned with this Application Form.

**Signatures of parents/guardians:**..... **Date:**.....