**ENROLMENT APPLICATION FORM**

|  |  |
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| **Pupil’s Details** |  |
| Name: |  |
| Date of Birth: |  |
| Gender: |  |
| School Year due to start: |  |
| **Contact Details** |  |
| Address:  |  |
| Eircode: |  |
| **Parent / Guardian Details:** |  |
| Mother’s Name: | Father’s Name: |
| Phone Number (Mobile): | Phone Number (Mobile): |
| Phone Number (Home): | Phone Number (Home): |
| Phone Number (Work): | Phone Number (Work): |
| Mother Email: | Father Email: |
|  |  |
| Siblings attending Scoil Naomh Treasa: |  |
| **Pre-School / Previous School Attended** (if applicable) |  |
| Name of Pre-School / School: |  |
| Address:  | Phone Number: |
| Current class group (if moving from another school): |  |
|  |  |
| *Please tick* | *Yes* | *No* |
| **Have you attached a Birth Certificate for your child?** |  |  |

**Signature of Parent / Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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