



SCOIL NAOMH TREASA

Bellewstown
Drogheda
Co. Meath

Phone: (041)98 23629

Email: secretary@bellewstownns.com

Website: www.bellewstownns.com

ENROLMENT APPLICATION FORM

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 (Home):	Phone Number (Home):		
Phone Number (Home):	Phone Number (Home):		
Phone Number (Mobile):	Phone Number (Mobile):		
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):			
<i>Please tick</i>			
		Yes	No
Have you attached a Birth Certificate for your child?			

Signature of Parent / Guardian: _____

Date: _____

It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills. Also the school may share Personal Pupil Data with other organisations such as the HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.