**Application for Enrolment Form**

**School year 2024/25**

***Please fill in details below, in BLOCK CAPITALS. Should your child/ren be offered a place, you will be asked to fill in a Registration Form, with more details.***

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| --- | --- |
| Pupil’s Name: |  |
| Date of Birth: |  |
| Address: |  |
| Eircode: |  |
| Email address(es):  This will be used so that a copy of our Enrolment Policy can be forwarded to you |  |
| Contact number(s): |  |
| Name/s of brothers/sisters in Scoil Íosagáin Ballybunion |  |

|  |
| --- |
| I/we wish to enrol my/our child in Scoil Íosagáin Ballybunion |
|  |
| Signed: Parent/Guardian Date: |
| Signed: Parent/Guardian Date: |
| **Both Parents/Guardians to sign** If this application is being signed by one parent only, please read and sign the following  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , confirm that both parents of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are aware of any consent to this enrolment application to Scoil Íosagáin. |