****

**Year:\_\_\_\_\_\_\_\_\_\_\_**

**Application for Enrolment**

***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.***

|  |  |
| --- | --- |
| Pupil’s Name: |  |
| Date of Birth: |  |
| Address: |  |
| Eircode: |  |
| Phone No. (Parents) |  |
| Name/s of brothers/sisters in this school. |  |
| Name/s of brothers/sisters who are past pupils of the school |  |

|  |  |  |
| --- | --- | --- |
| **Please tick** | **Yes** | **No** |
| Have you attached a Birth Certificate for your child? |  |  |

|  |
| --- |
| I/we wish to enrol my/our child in St. Nicholas’ Primary School |
| Signed: Parent/Guardian Date: |
| Signed: Parent/Guardian Date: |
|  |