



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:	
PPS of Child:	
Address:	
Eircode:	
Mothers Name:	
Fathers Name:	
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?		

Please tick the appropriate box below	Yes	No
I/we wish to enrol my/our child in St. Nicholas' Primary School Junior Infants class		
I/we wish to enrol my/our child in St. Nicholas' Primary School ASD class		

Signed (Mother)	Parent/Guardian Date:
Signed (Father)	Parent/Guardian Date:
Both Parents/Guardians to sign	