

**Ennistymon National School, Ennistymon, Co. Clare.**  
**Roll No: 20245S**

**Application for Admission**  
**Child's Details**

Please fill in the following details **(in BLOCK capitals)** and return by email to  
etynns@gmail.com **or** by post **or** drop into the school office.

Name of Child: \_\_\_\_\_

Child's PPS No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: Male / Female

Nationality: \_\_\_\_\_ 1st Language: \_\_\_\_\_

Religion: \_\_\_\_\_

Current permanent address of child: \_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Mother/Guardian : \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mobile : \_\_\_\_\_

Email \_\_\_\_\_

Has your child attended Preschool: YES / NO Name of preschool: \_\_\_\_\_

Name and Class of siblings already in the school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p style="text-align: center;"><b>Ennistymon N.S.</b> <b>Accidents/Illness/Emergency Closures</b></p>
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The school may find it necessary, in exceptional circumstances, to close without notice. In the event of this occurring, or should your child have an accident or fall ill at school, the school will need to ensure the safe return home of your child.

Name of family G.P. \_\_\_\_\_

**Please give names and contact numbers of three adults who have permission to collect your child in the event that we cannot contact you.**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**PLEASE INFORM THE PRINCIPAL:**

- If you feel that the school should make any special provision for your child along with the relevant paperwork.
- If your child has a medical condition of which the school needs to be aware.
- In the event of changes to any of the above information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian