

**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

Ennistymon N.S.
Accidents/Illness/Emergency Closures

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