

St. Mary's Primary School Youghal Rd., Dungarvan, Co. Waterford

Tel: 058 41346 email: info@stmarysdungarvan.ie Roll Number 19953P

## **APPLICATION FOR ENROLMENT**

Child's First Name:	
Child's Surname:	
Name child to be know as in school (if about	ove is different):
Child's Address:	
Child's Date of Birth:	
Does Child have brothers or sisters alread	dy enrolled in school YES:NO:
If YES, please give name and class	
Name:	Class:
Name:	Class:
Name:	Class:
Class in which child is to be enrolled:	
Year of Enrolment:	Month of Enrolment:

## **PARENTAL / GUARDIAN INFORMATION**

Parent Details:	Mother:	_ Father:	
Name:			
Address:			
Mobile Num:			
Parent Details:	Mother:	_ Father:	
Name:			
Address:			
Mobile Num:			
	Declaratio	n	
Please read each stateme	ent and tick		
I/We wish to enroll the abo	ve named school in St. Mary's	Primary School	
I/We understand that all ap	pplications are subject to there	being a place available	
I/We understand that the confidence of the application or enrolm	ompletion and return of this apnent in this school.	oplication form does not in	nply acceptance
Signed:		Date:	
Signed:		Date:	
	·		
Date Received:			