|  |  |  |
| --- | --- | --- |
| **Child’s Name**  **(as on birth certificate)** |  | |
| **Gender** | Male Female | **Date of Birth:** |
| **Address (include Eircode)** |  | |
| **Email Address** |  | |
| **Mother’s Name &**  **Contact Number** |  | |
| **Father’s Name &**  **Contact Number** |  | |
| **Name(s) and class(es) of siblings in the school** |  | |
| **Name & address of Pre School or previous school attended** | *(Please include class in previous school if applicable)* | |
| **Signed** | Mother of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Guardian of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable) | |

**Application for Admission Form**

If you are interested in your child being considered for a place in Scoil Eoin Baiste, please complete this form and return to the school office.

**Completion of this form does not guarantee your child a place in our school.**

**It is the responsibility of the parents/guardians to inform the school of any future changes to the details submitted below.**