|  |  |
| --- | --- |
| **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.**