



**Application for Enrolment in Guardian Angels' National School
Newtownpark Avenue
Blackrock
Co Dublin
A94H395**

Note: Please complete both sides of this form. A separate form is to be completed for each applicant.

Child's first name: _____
(as on birth certificate)

Child's surname: _____
(as on birth certificate)

Child's date of birth: ____/____/_____
DD/ MM/ YYYY

Child's PPS Number*: _____
* required field

Male/Female (please circle) Class to be enrolled in: _____ Year: _____

Child's nationality: _____ Child's religion: _____

Home address: _____

Eircode*

*required field

See <https://finder.eircode.ie/>

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Parish: _____

Mother's name: _____

Mobile: _____

Father's name: _____

Mobile: _____

Contact email address (block capitals please): _____

Name of person to contact in an emergency (**if parent not available**):

Name: _____

Relationship to child: _____

Phone number for emergency contact: _____

Name of sisters/brothers in Guardian Angels' National School:

Name of pre-school/Montessori attended: _____

Previous school attended (if child is entering Senior Infants-6th class): _____

Please let us know of any medical, learning or social factors that concern your child (this information is required to assist us in putting necessary and available supports in place):

Please note that completion of this form does not guarantee an offer of a place at Guardian Angels' National School.

Signature of parent/guardian 1: _____

Date: _____

Signature of parent/guardian 2: _____

Date: _____

Please complete this form in full and post to:

Admissions
Guardian Angels' NS
Newtownpark Avenue
Blackrock
Co Dublin
A94 H395

Or send by email to: admissionsgans@gmail.com

Note: The information collected above is for the purpose of enrolling your child and will be treated in strictest confidence, in accordance with our Data Protection Policy.