

## Application for Enrolment in Guardian Angels' National School Newtownpark Avenue Blackrock Co Dublin A94 H395

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 (circle) Class to be enrolled in:	School year:		
Child's nationality:	Child's religion:		
Home address:			
Eircode* *required field. See Parish:	/ <u>https://finder.eircode.ie/</u>		
Parent 1:	Mobile:		
Parent 2:	Mobile:		
Contact email address (block capitals please if har	ndwritten):		
Name of person to contact in an emergency (only	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-6<sup>th</sup> 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 email to admissionsgans@gmail.com

Or post to: Admissions Guardian Angels' NS Newtownpark Avenue Blackrock Co Dublin A94 H395

**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.