

## 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 date of birth:/		Child's surname:(as on birth certificate)	
		Child's PPS Number * required field	er*:
Male/Female (circle) C	lass to be enrolled in:		School year:
Child's nationality:		Child's religion:	<del>-</del>
Home address:			
Eircode* *required field. See Parish:			https://finder.eircode.ie/
Parent 1:		Mobile:	
Parent 2:		Mobile:	
Contact email address (bl	ock capitals please if hand	written):	
Name of person to contac	et in an emergency ( <b>only</b> if	f parent not available):	
ame: Relationship to child:			ild:
Phone number for emerg	ency contact:		

Name of sisters/brothers in Guardian Angels' National Scho	pol:	
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 assist us in putting necessary and available supports in placessary and available supports in places.	•	ormation is required to
Please note that completion of this form does not guaran School.	tee an offer of a place at Guardi	an Angels' National
Signature of parent/guardian 1:	Date:	
Signature of parent/guardian 2:	Date:	
Please complete this form in full and email to admissionsgo	ans@gmail.com	
Or post to: Admissions Guardian Angels' NS Newtownpark Avenue Blackrock Co Dublin		

**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.

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