

## Application for Enrolment in Guardian Angels' National School Newtownpark Avenue, Blackrock

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:	
<b>Eircode*</b> (see <u>https://finder.eircode.ie/</u> for Eircode)	
*required field	
Parish:	_
Parent 1:	Mobile:
Parent 2:	Mobile:
Contact email address (block capitals please if handwritten):	
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 the 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: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/guardian 2: \_\_\_\_\_

Please complete this form in full and email to admissionsgans@gmail.com

Or alternatively, 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.