Telephone: 056-7765598
email: secretary@presprimarykk.ie
Website: www.presprimarykk.ie
Roll Number: 19925K
Post Code: R95 YT68

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Application for admission to (class) _____ for school year 2024 / 2025

Please ensure this Application is received between the 8th and 30th January 2024 for enrolment to be considered

This application must be accompanied by the child's Birth Certificate

CHILD'S INFORMATION

First Name: _____   Surname: _____

Date of Birth: _____   PPS No: _____

Nationality: _____   Gender: _____

Address: _____

Eircode: _____   Pre-School Attended: _____

Sibling(s) in the school? Yes ☐   No ☐   Parent(s) attended this school? Yes ☐   No ☐

Name of sibling(s): _____   Name of parent(s): _____

PARENT(S) / GUARDIAN(S) INFORMATION

Parent / Guardian (1)   Parent / Guardian (2)

First Name: _____   First Name: _____

Surname: _____   Surname: _____

Address: _____   Address: _____

_____   _____

_____   _____

Mobile: _____   Mobile: _____

Email: _____   Email: _____

EMERGENCY CONTACT

Please provide the name and number of a person who can be contacted in the event of an emergency when both parent(s) / guardian(s) cannot be reached:

Name: _____   Number: _____

Description (e.g. Grandmother, family friend):   _____

GENERAL INFORMATION

Do you give permission for:

- Your child's work and group photographs to appear on the school website/Instagram?
  (We will not display the child's full name or individual photograph)   Yes ☐ No ☐

- Your child's photo to appear in local media if related to school events   Yes ☐ No ☐

- Your child to receive support in his/her learning. This may take the form of individual or group support or support within the classroom.   Yes ☐ No ☐

DECLARATION

I/We being the parent(s) / guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use as described.

Parent / Guardian (1) Signature: Parent / Guardian (2) Signature:

_____   _____

Date: _____   Date: _____