

**St. Declan's National School
Pupil Application Form**

Name of Pupil: _____

Address: _____

Date of Birth: _____

Telephone Number: _____

Previous School Details:

Name of School: _____

Address of School: _____

Telephone Number of School: _____

Name of Principal: _____

Last Class attended: _____

Name of Class Teacher: _____

Reason for Transfer: _____

Signed: _____ Date: _____