St. Declan's National School

Application Form 2027/2028

Senior Infants – 6th Class

Name of Child: _____

Address: _____

_____

Eircode: _____

Date of Birth: _____

Parent 1:

Name: _____

Contact No: _____

Email Address: _____

Parent 2:

Name: _____

Contact No: _____

Email Address: _____

1. Has your son a brother who is already enrolled in St. Declan's N.S. ?
   (if yes please provide details below)

   _____

2. Has your son a brother who has previously been enrolled in St. Declan's N.S. ?
   (if yes please provide details below)

   _____

3. Has your sons' father or grandfather previously been enrolled in St. Declan's N.S. ? (if yes please provide details below)

   _____

   _____

4. Is your son a son or grandson of a permanent staff member of St. Declan's N.S.? (if yes please provide details below)

_____

_____

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: _____