



Water Street,
Waterford.
051-855200

office@stdeclansns.com

Application Form Senior Infants - 6th Class 2024/2025

Name of Child: _____

Address: _____

Eircode: _____

Date of Birth: _____

Home Telephone No.: _____

Email Address: _____

Parent 1 Name: _____

Parent 1 Contact No: _____

Parent 2 Name: _____

Parent 2 Contact No: _____

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: _____