



St Nicholas' Parochial School

Waterside, Galway

Tel: 091-569233

E-mail: galwayschool@gmail.com

Website: www.galwayschool.com

ENROLMENT APPLICATION FORM

Date: _____

I wish to apply for a place in St. Nicholas' Parochial School for my son/daughter starting on 1st September 20 _____

Child's Name in full _____ PPS Number: _____

Date of birth _____ Class for which place is requested _____

Religious denomination (if any) _____

Names & Addresses of other schools attended (including Preschools & Montessori schools) _____

Is a School Report/School Record available _____ Please attach copy to this application form

Why do you wish to enrol your child in this school? _____

Have you any previous connection with this school? _____

Reasons for transfer if coming from another primary school _____

Details of any sight, hearing, speech, special needs or behavioural problems or other medical conditions which the school should be aware of _____

Other relevant information _____

Mother's name _____ Father's name _____

Business/Profession _____ Religious Denomination _____

Address _____

Telephone No _____ Telephone No _____ (Work) Emergency No. _____

I give permission for my child to be included in articles sent to the newspapers promoting school activities

I give permission for my child to be included in any recordings of school activities, e.g. school concerts, classroom activities to be used by the school

Signed _____

Please enclose birth certificate.

Note: Should a place be offered to your son or daughter, please confirm acceptance as soon as possible. If for any reason circumstances later dictate that a place, having been accepted, is no longer needed, please contact the school immediately.

