



# St Nicholas' Parochial School

Waterside, Galway

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Website: [www.galwayschool.com](http://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.

