



## Enrolment Application Form 2024/25

*Scoil Náisiúnta Naomh Feichín is a Catholic Mainstream Primary School  
under the patronage of the Archbishop of Armagh.*

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*Please fill in the details below and return this form to the school.  
Places in our school will be allocated according to our School Enrolment Policy.  
Should your child be offered a place, you will be asked to complete a Registration Form.*

### Pupil's Details

Name: \_\_\_\_\_ PPSN: \_\_\_\_\_

If known by another name (i.e. an abbreviation), please state here: \_\_\_\_\_

Name in Irish (if known): \_\_\_\_\_ Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eircode: \_\_\_\_\_ Position in Family: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Names of any siblings attending our school: \_\_\_\_\_

Please provide details of any medical issues or special needs of which you think the school should be aware:

\_\_\_\_\_

Please provide details of your child's playschool or former primary school.

\_\_\_\_\_

### Parent's / Guardian's Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Contact Phone Numbers x 2: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Contact Phone Numbers x 2: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_

- A copy of your child's **BIRTH CERTIFICATE** must accompany this application form.
- Please include a copy of your child's **Baptismal Certificate** if you would like your child to receive the sacraments of First Penance, First Communion & Confirmation.

Signatures of Parents / Guardians: \_\_\_\_\_

Date Application Form Received  
by the School: \_\_\_\_\_