



Finglas Parochial National School

Church Street, Finglas, Dublin 11, D11 XT35

finglasparo@gmail.com

Email:

Phone: 01-8347349

APPLICATION FORM FOR ADMISSION

Submission of this application form does not confer a right to admission, nor does it guarantee a place in the school.

APPLICANT STUDENT'S DETAILS

Surname	First name(s)
Date of birth	Requested class and date of entry
Child's PPS Number	Name of Previous School and Class (if applicable)
Postal Address	

PARENTS' DETAILS

Parent/Guardian's full name	Parent/Guardian's full name
Postal address	Postal address
Eircode:	Eircode:
Email address (print)	Email address (print)
Telephone number	Telephone number



Religious denomination (where applicable)

I/We confirm that the applicant student is a member of the above named minority religious denomination. We support the ethos of this Church of Ireland school and wish for our child to be educated in a school that provides a programme of religious education which is the same or has a similar ethos to the minority religion named above.

CONFIRMATION OF MEMBERSHIP OF MINORITY RELIGION (IF APPLICABLE)

I confirm that _ (enter applicant student's name) is a member
of (enter name of Church and/or Parish)

Signed: _____

Position held: (i.e. Rector, Curate, Priest, Pastor etc.) _____

Stamp:

DECLARATION

I/We wish to apply to the Board of Management of Finglas Parochial N.S to have

_____ (applicant student's name) **enrolled in the school on** _____ (date)

I/We understand that the completion of this enrolment application does not guarantee a place in the school.

I/We have received read and accept the School Rules, Code of Behaviour and Admissions Policy. We will co-operate with staff and support the ethos of the school.

I/We confirm that all the information on this form is correct and accurate.

Signed: _____ (Parent's signature) **Date:** _____

Signed: _____ (Parent's signature) **Date:** _____

This application form must be accompanied by:

- A copy of the applicant student's birth certificate
- Proof of address in the form of a utility bill in the applicant's name which must be dated no later than three months prior to the closing date

Parents' Checklist:

Application Form ☐

Birth Certificate ☐

Proof of address ☐

Baptismal Certificate (where applicable) ☐

OFFICE USE ONLY
Date Received: