



Scoil Chaoimhín Naofa

St. Kevin's Primary School

Gleann dá Loch, Co. Chill Mhantáin
Glendalough, Co. Wicklow
Tel: (0404) 45460

Admission Application Form for 2024

*Please write clearly and in BLOCK CAPITALS. All sections must be fully completed.
Submission of this form does not guarantee a place for your child.*

CHILD'S PERSONAL DETAILS

Surname of Child: _____

First Name(s): _____

Permanent Address: _____

Eircode: _____

Home Telephone No.: _____

PPS No. of child: _____

Date of Birth: _____

Gender: _____

**Previous School /Pre-school/
Childcare setting (if any):** _____

Address: _____

Phone No.: _____

Class (if applicable): _____

**Names of other children
in the family:** _____

**Please confirm whether you are seeking enrolment into a Mainstream Junior Infant class or
an Autism Spectrum Class or another other Mainstream class & please specify _____**

Desired Date of Admission: _____

OTHER INFORMATION

Please enclose:

Original Birth Certificate (this will be returned) Professional Assessment Reports (if applicable)

Please include any additional information which applicants deem relevant for consideration by the Enrolment Committee of the Board of Management:

PARENT/GUARDIAN INFORMATION

*(Please write clearly and in **BLOCK CAPITALS.**)*

I / We understand that the completion of this enrolment application form does not guarantee that a place in the school will be available to my / our child.

I / We confirm that all of the information entered on this enrolment application form is fully correct to my / our knowledge.

Name of Parent 1: _____

Permanent Address: _____

Eircode: _____

Email Address: _____

Mobile Contact No: _____

Is this person a legal guardian? Yes OR No

Will this person be the primary contact for the school? Yes OR No

Signature Parent 1: _____

Name of Parent 2: _____

Permanent Address: _____

Eircode: _____

Email Address: _____

Mobile Contact No: _____

Is this person a legal guardian? Yes OR No

Will this person be the primary contact for the school? Yes OR No

Signature Parent 2: _____

(If one or both of the people listed above do not have legal guardianship of the child, please complete this section)

Name of the Legal Guardian: _____

Will this person be the primary contact for the school? Yes OR No

Permanent Address: _____

Eircode: _____

Email Address: _____

Mobile Contact No: _____

Signature: _____

The Enrolment Committee of the Board of Management will review each application, following the criteria set down in the school's Enrolment Policy, to decide who will be offered a place in Scoil Chaoimhín Naofa, Glendalough, Co. Wicklow. Thank you.