

Scoil San Níoclás
Bearn na Gaoithe Co. Chill Chainnigh.



St. Nicholas N.S.
Windgap, Co. Kilkenny.

ENROLMENT FORM 2024/2025

CHILD'S DETAILS

Surname: _____ First Name/s: _____

Home Address: _____

Date of Birth: _____ PPS No: _____

Gender: Male ☐ Female ☐ Religion: _____

Class child will enter: Junior Infants _____

ASD Class _____

Other class (please specify) _____

FAMILY DETAILS

Parents/Guardians

1. Name: _____

Address: _____

Tel: Day: _____ Evening: _____ Mobile: _____

2. Name: _____

Address: _____

Tel: Day: _____ Evening: _____ Mobile: _____

Email Address: _____

Family GP: _____ Tel: _____

Number of Children in Family: _____

Child's Position in Family: _____

Sibling/s Already in School: Name: _____ Class: _____

Name: _____ Class: _____

OTHER INFORMATION

Previous School/s Attended (if any):

School Name: _____

Dates Attended: From: _____ To: _____

School Name: _____

Dates Attended: From: _____ To: _____

Reasons for Transfer: 1. _____

2. _____

Does the child have any medical conditions which the school should be aware of e.g
Eyesight, Hearing, Speech, allergies, Physical or Developmental Problems, etc.

Yes ☐ No ☐

If yes, please give details:

Person to contact in case of emergency (if parent/guardian cannot be contacted):

Name: _____

Address: _____

Tel. No/s: _____

Please submit the following with this application:

Copy of Child's Birth Certificate

Copy of Child's Baptismal Certificate (if applicable)

Any relevant educational/psychological reports (if applicable)

Signatures of Parents / Guardians:

Signature: _____ Date: _____

Signature: _____ Date: _____