

Please state which class and year you wish your child to start in Harold's Cross NS

CLASS :

YEAR :

CHILDREN MUST BE 4 YEARS & 5 MONTHS OLD ON OR BEFORE 1ST SEPTEMBER

PERSONAL DETAILS

Please use BLOCK CAPITALS when completing

NAME AS REGISTERED ON BIRTH CERTIFICATE

*Pupil's First Name (s): _____ *Surname: _____

Gender: Male Female

Address: _____

Parent/Guardians' email address: _____

Telephone No (Home): _____ (Mobile) _____

Date of Birth: _____

Present Parish: _____

Religion _____ Country of Birth: _____

Nationality: Irish Other or Dual Nationality (*please state if applicable*): _____

FAMILY

Name of Parent 1: _____ **Name of Parent 2:** _____

Mother's Maiden Name: _____

Occupation: _____ Occupation: _____

Contact No: _____ Contact No: _____

Mobile No: _____ Mobile No: _____

Previous School:

Brothers/Sisters attending this school at present: Yes No

If **Yes**, please state name(s) and class: _____

I have received and read a copy of the School's Enrolment.

Signature of Parent / Guardian: _____

Date: _____

(Please refer to the school's website to view our Policies which are regularly reviewed and amended by the Board of Management - www.haroldscrossns.ie).

Registering your child in Harold's Cross NS does not guarantee him/her a place.

All data submitted on this form will be used for Administration and Educational purposes only.

Please read and complete the school's Privacy Statement and return with this registration form.