

Mercy Convent Primary School,
Naas,
Co. Kildare.



Phone: 045 - 876 410
045 - 889 258
Fax: 045 - 871 211

APPLICATION FORM FOR JUNIOR INFANT ENROLMENT 2019/2020
(A separate form must be completed for each child)

Child's Surname: _____
(as on Birth Certificate)

Child's First Name: _____
(as on Birth Certificate)

Date of Birth: _____

Gender: Male Female

Address at which the child normally resides:

Mother's Name: _____ Mobile Number: _____ Work No: _____

Father's Name: _____ Mobile Number: _____ Work No: _____

SIBLINGS ATTENDING THIS SCHOOL:

Name: _____

Class: _____

Name: _____

Class: _____

CHECKLIST:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Copy of child's Birth Certificate attached | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Proof of address attached (in the form of a utility bill, in the name of one of the parents, dated no later than three months prior to the 16 th November 2018) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you signed the declaration below and dated this application form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you enclosed a stamped addressed envelope? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

We, the undersigned, confirm that the information supplied is correct and that we are aware that the data relating to this application will be kept on file in the school.

Signature of Parents/Guardians:

Signed: _____

Date: _____

Signed: _____

Date: _____

- PLEASE RETURN FORM TO SCHOOL SECRETARY, MERCY CONVENT PRIMARY SCHOOL BY FRIDAY 16th NOVEMBER 2018 AT 3.00 p.m. PLEASE ENSURE THAT YOU DATE THE FORM
- PLEASE SUPPLY A STAMPED ADDRESSED ENVELOPE WITH THIS APPLICATION FORM

CLOSING DATE: FRIDAY 16TH NOVEMBER 2018 at 3.00 p.m.

For office use only:

Date received: _____ Signature: _____