

Scoil Sinéad Pelletstown N. S.

c/o ETNS Broombridge, Bannow Rd., Cabra, Dublin 7.

Tel: 086 1453205 Email: principal@scoilsinead.ie

Roll Number 20502M



APPLICATION FORM 2017/2018

Dear Parents,

We would be obliged if you could complete this application form. When a place is offered and formally accepted, we will invite the completion of a more comprehensive registration document.

Yours sincerely,
The Board of Management.

Pupil/Family Information

Pupil Name		Male (tick)		Female(tick)	
Date of Birth		PPSN			
Home address					
Home phone number		Email address			
Parents/Guardians Name	Occupation		Mobile 'phone number		

Language & Communication

What is the first language spoken at home?								
If English is not their first language How well do they speak it? (tick)	No English		Speaks a little		Has basic vocabulary		Is fluent	
How well does your child understand English? (tick)	Does not understand		Can follow a simple instruction		Can respond in English when spoken to		Has no difficulty	

Pre-School

Name of Pre-school attended;					
Contact Person		Phone Number			
Are you happy for us to contact the pre-school? Please tick.	Yes		No		

I wish to register my child in Scoil Sinéad Pelletstown and acknowledge that I have received a copy of the Enrolment Policy:

_____ Date: _____