

We will contact you by post in the **Spring of Start Year**, If you change address or 'phone numbers please let us know

CHILD MUST BE 4 YEARS OF AGE BEFORE 1st JULY OF START YEAR

(Please return as soon as possible, ATTACH a copy of your son/daughter's Birth Certificate & P.P.S. Number)

JUNIOR INFANTS

Start YEAR: 2021

Child's First Name: _____

SURNAME: _____ Male _____ Female _____

Date of Birth: Day _____ Month _____ Year _____

Child's Place of Birth: _____ Mother – Country of Birth _____

Father – Country of Birth _____

Child's Address: _____

P.P.S. Number: _____ Nationality: _____

Religion: _____

Was Child Baptised: Yes _____ No _____ Place Baptised: _____

Any health problem or allergies: – please list _____

MOTHER

First Name: _____ Surname: _____

Maiden Name/Birth Surname: _____

Address: _____

Mobile Number: _____ Home Number: _____

Occupation: _____

FATHER

First Name: _____ Surname: _____

Address: _____

Mobile Number: _____ Home Number: _____

Occupation: _____

Please list brothers or sisters in this school

Name: _____ Class: _____

Preschool: _____