



*Scoil an Chlochair, Kílbeagán,  
Co Westmeath*  
*Application for admission to Scoil an Chlochair*

**Pupil's Information**

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Pupil's PPS number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

*(Please provide either a scan or copy of your **child's birth certificate** with this application)* Male  Female

Has your child attended any school or pre-school previously? Yes  No

Name and address of previous school or pre-school:

\_\_\_\_\_  
*(If your child has attended another school previously, please provide us with a copy of any reports, assessments or test results that you have.)*

Number of children in family: \_\_\_\_\_ Position of child in family: \_\_\_\_\_

Names of siblings already attending Scoil an Chlochair: \_\_\_\_\_

<b><i>For Office Use Only</i></b>	Enrolment Number: _____	Class: _____	Start Date: _____
Copy of Birth Cert:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Family Information**

**Parent /Guardian**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Work Tel No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent /Guardian**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Work Tel No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Signed \_\_\_\_\_  
(Parent / Guardian)

Date: \_\_\_\_\_

Signed \_\_\_\_\_  
(Parent / Guardian)

Date: \_\_\_\_\_