

# FORM 1: MAINSTREAM PRE-ENROLMENT APPLICATION FORM

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**ARDFINNAN N.S.**

**CLONMEL,**

**CO. TIPPERARY**

**ROLL NUMBER : 16077B**

**TEL: (052)7466917**



**MAINSTREAM PRE - ENROLMENT  
2023-2024**

## Mainstream Enrolment 2023-2024

### PUPIL DETAILS

|                                                                            |          |
|----------------------------------------------------------------------------|----------|
| First Name                                                                 |          |
| Surname                                                                    |          |
| Date of Birth                                                              |          |
| Gender                                                                     |          |
| P.P.S. number                                                              |          |
| Address (at which the applicant resides)                                   |          |
|                                                                            |          |
|                                                                            |          |
|                                                                            | Eircode: |
| Name and Class of Sibling(s) currently enrolled                            |          |
|                                                                            |          |
|                                                                            |          |
| Parish in which the applicant resides                                      |          |
|                                                                            |          |
| Any additional information                                                 |          |
|                                                                            |          |
|                                                                            |          |
| Name(s) of parent(s) who was past pupil of Ardfinnan N.S. (if applicable): |          |
|                                                                            |          |

### PARENT(S)/GUARDIAN(S) DETAILS

#### Parent/Guardian 1

|                                 |                                                                                                              |
|---------------------------------|--------------------------------------------------------------------------------------------------------------|
| Name                            |                                                                                                              |
| Parent <input type="checkbox"/> | Custodian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> <i>please tick as appropriate</i> |
| Address                         |                                                                                                              |
|                                 |                                                                                                              |
|                                 |                                                                                                              |
| Tel. No:                        |                                                                                                              |
| Email:                          |                                                                                                              |

**Parent/Guardian 2**

|            |               |                    |                                   |
|------------|---------------|--------------------|-----------------------------------|
| Name       |               |                    |                                   |
| Parent [ ] | Custodian [ ] | Legal Guardian [ ] | <i>please tick as appropriate</i> |
| Address    |               |                    |                                   |
|            |               |                    |                                   |
|            |               |                    |                                   |
| Tel. No:   |               |                    |                                   |
| Email:     |               |                    |                                   |

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_

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

**Completed Pre-Enrolment Application Form along with;**

- **Original Birth Certificate** (this will be photocopied and returned),
- **Baptismal Lines** (only applicable if your child was **NOT** baptised in the parish of Ardfinnan, Ballybacon & Grange)

must be returned to **Ardfinnan N.S.** no later than **school finish (3:10p.m.) on closing date. Friday, 24<sup>th</sup> February, 2023.**