

# Kilbonane National School

Email: [office@kilbonaneschool.com](mailto:office@kilbonaneschool.com)

Phone: (021)7331730

## Application for Admission

School Year 2025/2026

PUPIL'S FULL NAME:						
DATE OF BIRTH:	DAY		MONTH		YEAR	
ADDRESS:						
EIRCODE:						
CHILD'S PPS NO:						
EMAIL (MAIN CONTACT):						
PHONE (MAIN CONTACT):						
RELIGION:						
PREVIOUS SCHOOL(S) (IF ANY):						

MOTHER'S NAME:		MOBILE:	
FATHER'S NAME:		MOBILE:	
MOTHER'S MAIDEN NAME:			
OCCUPATION OF PARENTS:	DELETE AS APPROPRIATE:		
MOTHER:		FULL TIME/PART TIME	
FATHER:		FULL TIME/PART TIME	
NUMBER OF CHILDREN IN FAMILY:			
PLACE OF PUPIL IN FAMILY:			

Telephone number where parents can be contacted in case of emergency during school:	
EMERGENCY TEL:	

DOCTOR'S NAME:		TEL:	
For reference in case of emergency should the school authority find it impossible to locate parents or guardians.			

OTHER INFORMATION:	
Please insert any information which you consider vital for your child's teacher to be aware of e.g. health problems (hearing, vision, allergies, special educational needs, etc.)	

PARENT SIGNATURE(S):	
----------------------	--

DATE:	
-------	--