

Enrolment Application Form Junior Infants September 2022

Le Chéile National School

Child's First Name:		·	Surname:				
Birth Cert Fo from above)	renam	e (if different from above)	Bi	rth Cert Su	rname (if different		
*Birth Certifica	ate nee	ds to be provided					
Nationality			Gender:	Male	Female		
Date of Birth	:		PPSN:				
Religion:		if F	Roman Catholic *Bap	tismal Certific	ate needs to be provide		
Is one of the	e pupi Yes	l's mother tongues (i.e. No	. language spok	en at hom	e) Irish or English		
Address (at v	which t	he applicant resides):					
No. of Childre	en in F	amily	Place of Ch	Place of Child in Family			
Name of sibli	ing(s)	currently enrolled and cla	ss:				
		e-School					
Any other inf	ormati	on - Special Needs etc.,					
To which eth	hnic oı	cultural background g	roup does your c	hild belon	g (please tick one)		
(Categories ar	e taken	from the Census of Popular	tion)				
White Irish		Irish Traveller $\ \square$	Any othe	r White Ba	ackground 🗆		
Roma		Black African 🗆	Any othe	r Black Ba	ckground 🗆		
Chinese		Any other Asian bacl	kground 🗆				
Other (inc. r	mixed	background)					



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For official use only	
Parent/Guardian	
Signed:	Date:
may transfer to during the co	urse of their time in primary school.
transferred to the Departmen	t of Education and Skills and any other primary schools my child
I consent for this information	on to be stored on the Primary Online Database (POD) and
Mobile:	Other
Address:	
Name:	Relation to Child
3) Emergency Contact	
Email:	
Home Tel:	Mobile:
Address:	
2) Parent(s) / Guardian(s) d (Father's Details) Name:	letails: [] Parent [] Custodian[] Legal Guardiar
Email:	Signature:
Home Tel:	Mobile:
Mother's Maiden Name: _	
Address:	
(Mother's Details) Name:	[] Parent [] Custodian[] Legal Guardiar
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