



**RATHFARNHAM  
PARISH**  
NATIONAL SCHOOL

**APPLICATION FOR ENROLMENT FORM - Junior Infants 2023**

| Surname                  | First (names)                     |
|--------------------------|-----------------------------------|
|                          |                                   |
| Date of birth            | Requested class and date of entry |
|                          |                                   |
| Postal Address & Eircode |                                   |
|                          |                                   |
|                          |                                   |

**PARENTS' DETAILS**

| Parent's full name       | Parent's full name       |
|--------------------------|--------------------------|
|                          |                          |
| Postal Address & Eircode | Postal address & Eircode |
|                          |                          |
|                          |                          |
|                          |                          |
| Email address            | Email address            |
|                          |                          |
| Telephone number         | Telephone number         |
|                          |                          |

|   |  |
|---|--|
| <b>Religious denomination</b> <i>(where applicable)</i> |  |
|---|--|

*I/We confirm that the applicant student is a member of the above named minority religious denomination. We support the ethos of this Church of Ireland school and wish for our child to be educated in a school that provides a programme of religious education which is the same or has a similar ethos to the minority religion named above.*

## CONFIRMATION OF MEMBERSHIP OF MINORITY RELIGION

I confirm that \_\_\_\_\_ *(enter applicant student's name)* is a member of \_\_\_\_\_ *(enter name of Church and/or Parish)*

Signed: \_\_\_\_\_

Position held *(i.e. Rector, Curate, Priest, Pastor etc.)*  
\_\_\_\_\_

Stamp:

| DECLARATION  |
|--|
| <p><b><i>I/We wish to apply to the Board of Management of Rathfarnham Parish N.S. to have</i></b><br/>         _____ <i>(applicant student's name)</i> <b><i>enrolled in the school on</i></b><br/>         _____ <i>(date)</i></p> <p><b><i>I/We understand that the completion of this enrolment application does not guarantee a place in the school.</i></b></p> <p><b><i>I/We have received read and accept the School Rules, Code of Behaviour and Enrolment policy. We will co-operate with staff and support the ethos of the school.</i></b></p> <p><b><i>I/We confirm that all the information on this form is correct and accurate.</i></b></p> <p><b>Signed:</b> _____ <i>(Parent's signature)</i> <b>Date:</b> _____</p> <p><b>Signed:</b> _____ <i>(Parent's signature)</i> <b>Date:</b> _____</p> |

### THIS APPLICATION FORM MUST BE ACCOMPANIED BY:

- A copy of the applicant student's birth certificate
- Proof of address in the form of a utility bill in the applicant's name which must be dated no later than three months prior to the closing date.