



**RATHFARNHAM
PARISH**
NATIONAL SCHOOL

APPLICATION FOR ENROLMENT FORM (Senior Infants-6th Class) 2026-2027

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

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

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.