

APPLICATION FOR ENROLMENT FORM (Senior Infants-6th Class) 2024-2025

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 (where applicable)

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/We wish to apply to the Board of Management of Rathfarnham Parish N.S. to have		
(applicant stu	dent's name) enrolled in the school on	
I/We understand that the completion of this er a place in the school.	nrolment application does not guarantee	
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/We confirm that all the information on this form is correct and accurate.		
Signed:	(Parent's signature) Date:	
Signed:	(Parent's signature) 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.