



WATERPARK NATIONAL SCHOOL
SCOIL NÁISIÚNTA PHÁIRC AN UISCE

Application for Admission Form: JUNIOR INFANTS

PLEASE FILL IN BLOCK CAPITALS

Child's Full Name: _____ Known as: _____

Date of Birth: -- -- ----- Boy: Girl:

Address: _____
_____ Eircode: _____

PPS NO:

Name of Parent/Guardian: _____

Name of Parent/Guardian: _____

Contact Number:

Alternative Contact Number:

Email address for correspondence: _____

Brothers and/or sisters currently attending or having attended Waterpark National School:

Name: _____ Class: _____

Name: _____ Class: _____

Is the Child a Son or Daughter or Grandchild of a Current Staff Member employed at Waterpark National School: (Give Details) _____

Did the Child's Parents or Grandparents attend Waterpark National School? (Give Details)

Religious Faith of Child: _____ (If applicable, please enclose a Baptismal Certificate)

If the child has a medical condition/allergy, please give details:

Proposed Date of entry: Month: _____ Year: _____

BOTH Parents/Guardians **MUST** sign the admission application in order for it to be deemed a valid application.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

IMPORTANT INFORMATION: All applications for admission are processed in accordance with the school's admission policy, the school's annual admission notice and the information provided by the applicant in the school's official application form received during the period specified in our annual admission notice for receiving applications.

Office Use Only

Date/Time Application was received

Birth Cert:

Baptismal Cert:

Offer made: _____ Accepted _____