



Manager: Mgr. Michael Ryan  
Principal: Martin Fogarty

Tel: 056-4441384



Holy Cross N. S.,  
Firoda,  
Castlecomer,  
Co. Kilkenny.

## Application for Admission of New Pupils

Surname of Child: \_\_\_\_\_

Christian Name as on Birth Cert: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PPSN: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Present Postal Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name & Maiden Name: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile(Mam): \_\_\_\_\_

Mobile(Dad): \_\_\_\_\_

I wish to apply for a place for my child in:

Junior Infants \_\_\_\_\_

Third Class \_\_\_\_\_

Senior Infants \_\_\_\_\_

Fourth Class \_\_\_\_\_

First Class \_\_\_\_\_

Fifth Class \_\_\_\_\_

Second Class \_\_\_\_\_

Sixth Class \_\_\_\_\_

Proposed Year of Entry:\_\_\_\_\_

Any previous school attended:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What class in that school:\_\_\_\_\_

Names and Dates of Birth of younger brothers and sisters:

\_\_\_\_\_

\_\_\_\_\_

Arrangements to be made if child is ill in school:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Family Doctor:\_\_\_\_\_

Do you give permission to take the child straight to Hospital in case of serious illness or accident?\_\_\_\_\_

Any relevant Medical Details (allergies, epilepsy, asthma, sight, hearing, speech, fainting, etc.)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subject to availability of a place and acceptance of my child into the school, I hereby undertake the responsibility for myself and my child, to observe the rules and regulations of the School.

Signed:\_\_\_\_\_ (Parent)

Date: \_\_\_\_\_