

SOLAS CHRÍOST NATIONAL SCHOOL

Application Form

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Date you wish your child to start:						
Class level you wish your child to start at:						
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Child's First Name:			Child's Surname:			Male \square
Date of Birth:						Female \square
Address:						
	First Name	Su	rname	Mobile		Work Phone
Mother:						
Father:						
Name(s) of Brothers/Sisters currently in Solas Chríost NS:						
Name of Previous School or Preschool:						
Any Other Relevant Information:						
Parent's Signature: Date of Application :						
<u>FOR OFFICE USE ONLY</u>						
Date Received: _			Entered onto the School's			
Time Received: Database (tick)						

Forms for Junior Infants starting in September 2021 not accepted until 1st October 2020. (Strictly)