



St. Brendan's National School
Application Form for Admission

Full Name of child: _____

Date of Birth: _____

PPS Number: _____

Gender: _____ **Nationality:** _____ **Mother's Maiden Name:** _____

Address: _____ **Eircode:** _____

Parent/Guardian (1) Name: _____

Phone Number (1): _____

Email (1): _____

Parent/Guardian (2) Name: _____

Phone Number (2): _____

Email (2): _____

Has your child attended any previous primary school? Yes ☐ No ☐

Does your child have a sibling currently attending St Brendan's N.S.? Yes ☐ No ☐

I/We give consent to St Brendan's NS to contact me/us using the above means during the admission process to St Brendan's N.S. ☐ (Please tick)

Parent/guardian 1: _____ **Parent/Guardian 2:** _____

(Please sign)

(Please sign)