



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)

St. Brendan's N.S., Loughshinny, Skerries, Co. Dublin, K34 T853. Tel: 01 8490394, Email: secretary@loughshinnyns.ie