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| **C:\Users\teacher\Pictures\StFergals BNS 2 (1).jpgApplication Form: St Fergal’s BNS – Roll No.: 18137D**  |
|  |  |
| **Registration Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
| Office: 01 834 7609 / 086 189 5783 | Home School Liaison: 086 888 7693 |
| Email: info@stfergalsbns.ie  | Website: www.stfergalsbns.ie |
|  |  |
| **Pupils First Name** |  |
| **Pupil’s Middle Name** |  |
| **Pupil’s Surname** |  |
| **PPS Number**we cannot accept an application without a valid PPSN |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Address** |  |
| **Eircode** |  |
| **Contact Email Address** |  |
| **Parent 1/Guardian’s Name** |  |
| **Phone Number** |  |
| **Parent 2/Guardian’s Name** |  |
| **Phone Number** |  |
| **Are any siblings enrolled in this school?** |  |
| **Are any siblings enrolled in St Brigid’s Infant School** |  |
| **Are any siblings enrolled in St Brigid’s Senior Girls School** |  |
| **Name of Current School.** |  |
| **Name of emergency contact person/s** |  |
| **Relationship to child** |  |
| **Phone Number** |  |
| **Please remember to let us know if any of the contact names or phone numbers you have provided change.** |