



**Request for Enrolment in
Presentation Primary School**

For Office Use Only
Date form received: _____

Child's Information

Enrolling for School Year: 20_____

First Name	
Surname	
Date of Birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
PPSN	
Address	
Nationality	
Religion	

Mother/Parent 1/Guardian 1 Information

Father /Parent 2/Guardian 2 Information

First Name	
Surname	
Contact Numbers	M: H: W:
Email	

First Name	
Surname	
Contact Numbers	M: H: W:
Email	

Other Information

Are there any medical issues the school should be aware of?	<i>(if YES, please elaborate)</i>
Are there any Special Needs that the school should be aware of?	<i>(if YES, please elaborate & supply the school with any Psychological Assessment completed)</i>

Transfer Information (if applicable)

Name & Address of previous school	
Classes Attended (Please supply Reports)	

- I have read the Admissions Policy (available on our website at: www.presprimary.ie)
- I understand that the receipt of a pre-enrolment form does not guarantee a child will be offered a place.
- I understand that it is my responsibility to inform Presentation Primary School of any change of address, telephone number, or other relevant circumstances.

Signed _____

Date: _____