

KILTEALY NATIONAL SCHOOL

Kiltealy, Enniscorthy,
Co. Wexford.



Tel: 053 9255446

Email: kiltealyns@gmail.com

APPLICATION FOR ENROLMENT 2024-2025

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of the child. (Use block capitals please)

Name of Child: _____ Male/Female: _____

Date of Birth: _____ PPS No: _____

Name and class of siblings already in the school:

Number of children in family: _____

Placing of child in family (1st, 2nd etc.): _____

Parent(s): (The following information is needed for registration purposes)

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Nationality: _____ Nationality: _____

Language spoken at home: _____ Date of arrival in Ireland: _____

With whom does the child normally reside: Name(s) _____

Home Address:

Eircode: _____ Home Phone No: _____

Mobile No: _____ Mother _____ Father

Email: _____ Mother _____ Father

1st Contact if parent not available: Name: _____

Phone No: _____

2nd Contact if parent not available: Name: _____

Phone No: _____

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Religion: _____ Place of Baptism: _____

(please attach a copy of baptismal certificate if child was baptised outside of parish)

Name & address of pre-school/previous school attended:

Phone No. of previous school: _____

I give permission to Maeve Duff (Principal) to discuss the needs of my son/daughter with the manager of the pre-school/school listed above Yes ☐ No ☐

Name of family doctor: _____ Phone No: _____

Has your child ever been referred to a specialist doctor? ☐ Yes ☐ No

If yes, please give brief details of referral: _____

Has your child any allergies? ☐ Yes ☐ No

If yes, please give details: _____

Does your child appear to have any difficulties with the following:

Hearing ☐ Yes ☐ No Speech ☐ Yes ☐ No Vision ☐ Yes ☐ No Mobility ☐ Yes ☐ No

If you have answered yes to any/all of the above please give details: _____

Has your child ever had any assessment? Yes ☐ No ☐

If yes, please give details: _____

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Do the teachers have your permission to administer First Aid to your child should he/she have an accident while attending school or school related activities and to bring him/her to a doctor or hospital should they deem it necessary? ☐ Yes ☐ No

The information I have given in this form is accurate ☐ Yes

I/We the parent(s)/guardian(s) of the above named child agree to accept the policies and procedures put in place by the Board of Management of Kiltealy National School.

Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2: _____ Date: _____

****Please enclose a copy of your child's birth certificate with this form.**

If any of the details of this form change-for example, if you move house, change phone number etc. would you please inform the school at the earliest opportunity.

Please enclose a copy of all assessments relating to your child's development and/or needs.

Please return this form to the school by 29/01/2024.