

Streamstown National School



ENROLMENT FORM 2022

Uimhir Rolla: 15291V

Please complete in BLOCK CAPITALS		CLASS:	
Pupil's Name:		Male/Female	
Date of Birth:		Child's Nationality:	
P.P.S. Number:		Child's Religion:	
Address:			
Eircode:			
Parent/Guardian Details		Parent/Guardian Details	
Name:		Name:	
Relationship to child:		Relationship to child:	
Phone No (Mobile):		Phone No (Mobile):	
email Address:		email Address:	
Names of brothers/sisters in this school:			
Please tick		Yes	No
Have you attached a Birth Certificate for your child? (Requirement)			
If your child will be receiving the Sacraments, have you attached a Baptismal Cert for your child?			

I/we wish to enrol my/our child in Streamstown National School	
Signed:	Parent/Guardian Date:
Signed:	Parent/Guardian Date:
Both Parents/Guardians to sign	

Principal: Richie Clinton Deputy Principal: Colette Robbins
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