

Streamstown National School



ENROLMENT FORM 2023

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:
Names of brothers/sisters in this school:		
Phone No (Mobile):		Phone No (Mobile):
email Address:		email Address:
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: Barbra O'Brien
 Tel: 044 9226901; E-Mail: streamstownschoo@gmail.com