

# Streamstown National School



## ENROLMENT FORM 2024

Uimhir Rolla: 15291V

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

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

Principal: Richie Clinton      Deputy Principal: Barbara O'Brien  
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