Kilkenny School Project National School

Springfields, Waterford Road, Kilkenny
Phone/Fax: 056-7751407 E-mail: office@kilkennyschoolproject.ie
Web site: www.kilkennyschoolproject.ie

APPLICATION FOR ADMISSION
SCHOOL YEAR 2027-28
JUNIOR INFANTS

Child's Surname_____ (BLOCK CAPITALS, as on birth cert)

Child's First Name _____ (BLOCK CAPITALS as on birth cert)

Date of birth_____ Gender: _____

Siblings in the School: Yes ☐ No ☐ Please tick Please include name(s) of siblings and current classes/ years of attendance:

Parent(s)/Guardian(s) Information

Name:	Name:
Relationship to Child:	Relationship to Child:
Contact Address: Eircode:	Contact Address: Eircode:
Mobile No:	Mobile No:
Email address:	Email address:

Declaration: I/we being the parent(s)/guardian(s) of the above applicant, do hereby confirm that the above information is true and accurate and that I am/we are aware of the school's Admission Policy (available at www.kilkennyschoolproject.ie)

Parent/Guardian's Signature:	Parent/Guardian's Signature:
Date:	Date: