**Radharc na Mara Primary School**

Walter Macken Rd.

Mervue

Galway

H91A3H2

Tel: (091)755920

Roll No: 20554I

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| **1.Child’s Name** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Male \_\_\_\_\_Female \_\_\_\_\_** | **2. Address****Eircode** |
| **3. Date of Birth**  |
| **4.Religion** | **5. Place of Baptism (if applicable)** |
| **6. Home Phone** | **7. Mobile Phone** | **8. Email Address (required)** |
| **9.Details of Parents or Guardians** |
| **Parent/Guardian 1** **phone number** | **Parent/Guardian 2****phone number** |
| **10. Names of brothers or sisters in or past pupils(of)Radharc na Mara Primary School:**  |
| **11. Name and address of school or preschool currently attending:** |
| **Seeking to enrol at Radharc na Mara Primary School in September 2024 for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class** |
| **PLEASE NOTE: This is neither an offer nor a guarantee of a place in Radharc na Mara Primary School.** *I have read the above information and agree that this Application Form does not guarantee my child enrolment at Radharc na Mara Primary School.* *Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | **Signature of Parent/Guardian****Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |