## Application for Admission to Ballinkillen National School for classes other than Junior Infants School Year 2025 – 2026

Please note that this form is for application purposes only. The information provided will be used to allocate available places in accordance with the School's Admission Policy/Annual Admission Notice <a href="https://www.ballinkillenschool.com">www.ballinkillenschool.com</a> Please complete all sections of the form

Ge	eneral Inform	mation on Chi	ld		
First Name:	: Name: Surname:				
PPS Number:		DOB:	Gender:		
Home Address:					
Eircode:					
Siblings in the school: Yes	No	(Please tick)			
Name(s) of sibling(s) – please inclu	ide the sibling(	s) current class(es	5)		
Child's Current School					
Current Class School Ye		ar Application	Class Application		
General Inf	formation o	n Parent(s)/G	uardian(s)		
Parent/Guardian		Parent/Guardian			
Name:		Name:			
Address (if different from child's):		Address (if different from child's):			
Mobile No:		Mobile No:			

This Application *MUST* be accompanied by your child's *ORIGINAL* birth certificate. (The school may wish to include additional documentation to confirm residence, if a catchment area is specified in the selection criteria, e.g. utility bills). The school will make a copy of the document(s) submitted and will return all of the original document(s).

Declaration:						
I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use as described.						
Parent/Guardian's Signature:	Parent/Guardian's Signature:					
Date:	Date:					

## Office Use only:

*Date	D	D	М	М	Υ	Υ
Application						
Received						