Application for Admission to Junior Infants in Ballinkillen National School 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 www.ballinkillenschool.com. Please complete all sections of the form.

	,	, ,			
	General Infor	mation on Ch	ild		
First Name:		Surname:			
PPS Number:		DOB:	Gender:		
Home Address:					
Eircode:					
Siblings in the school: Yes	No (Ple	ease tick)			
Name(s) of sibling(s) - please inclu	ide the sibling(s) cu	rrent class(es)			
Genera	al Information o	on Parent(s)/0	Guardian(s)		
Parent/Guardian		Parent/Guardia	n		
Name:		Name:			
Address (if different from child's):		Address (if diffe	rent 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).

<u>Declaration:</u> 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						