Telephone: 065-6839353
Fax: 065-6839353
email: inchns.ias@eircom.net
Roll No: 16186G
Principal: Rosemarie Corry





Enrolment Application Form

The purpose of this form is to apply to enrol your child in Inch N.S. Please consult the school Enrolment Policy for details on the enrolment procedure and enrolment decision-making. This is an application form only. A full registration form will be required prior to enrolment.

Year of Entry:	D. O. B	Boy/Girl Child's PPSN No
First Names:	. v	·
Surname:	•	
Address:	· · · · · · · · · · · · · · · · · · ·	William Committee on the Committee of th
Nationality:	First Langua	ge of the home
Father's Name:	Contact ph	one number:
Mother's Name:	Contact phe	one number:
Name of other children	in the school:	The state of the s
How did you hear about our school:		
To whom should correspondence be addressed?		
Other Information e.g. Health matters: Any special educational learning needs/details of referrals to other agencies/specialists (e.g. speech therapists, psychologists etc.)		
Ą		
	ate Received	
for the provision an responsible for the acknowledgement of	nd administration of an educationa control of data collected. Provisio	the data on manual or electronic file or