Telephone: 065 6839353 Fax: 065 6839353 email: inchns.ias@eircom.net Roll No: 16186G Principal: Conor McKenna



Scoil Mhuire

Inch, Ennis, Co. Clare.

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:	o N	
Surname:		
Address:		and the second s
Nationality:	First Langu	nage of the home
Father's Name:	Contact r	phone number:
Mother's Name:	Contact p	phone number:
Name of other children in the school:		
How did you hear about	our school:	48.7
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.)		
1		
Signed:		
Office use only: Da	te Received	
The information you for the provision an	u provide may be kept on manua	l file or electronic file or both by Inch N.S. nal service. The Principal of Inch N.S. is

acknowledgement of your consent to the processing of the data on manual or electronic file or both. This data will only be disclosed on a need to know basis to personnel of Inch N.S.