KILTEALY NATIONAL SCHOOL Kiltealy, Enniscorthy, Co.Wexford.



Tel: 053 9255446 Email: kiltealyns@gmail.com

APPLICATION FOR ENROLMENT 2025-2026

Any information you give on this form we benefit of the child. (Use block capitals pl	ill be treated with the strictest confidence and only used for the lease)
Name of Child:	Male/Female:
Date of Birth:	PPS No:
Name and class of siblings already in	n the school:
Number of children in family:	
Placing of child in family (1 st , 2 nd etc	c.):
Parent(s): (The following information is n	needed for registration purposes)
Name:	Name:
Occupation:	Occupation:
Nationality:	Nationality:
Language spoken at home:	Date of arrival in Ireland:
With whom does the child normally	reside: Name(s)
Home Address:	
Eircode:	Home Phone No:
Mobile No:	Mother Father
Email:	MotherFather
1 st Contact if parent not available:	Name:
	Phone No:
2nd Contact if parent not available:	Name:
	Phone No:

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Religion:	Place of Baptism:
(please attach a copy of baptismal certifi	cate if child was baptised outside of parish)
Name & address of pre-school/previous school	ol attended:
Phone No. of previous school:	
Phone No. of previous school: I give permission to Maeve Duff (Principal) to discuss pre-school/school listed above Yes No	
Name of family doctor:	Phone No:
Has your child ever been referred to a speciali	ist doctor? Yes No
If yes, please give brief details of referral:	
Has your child any allergies?	Yes No
If yes, please give details:	
Does your child appear to have any difficultie	s with the following:
Hearing Yes Speech Yes No	
If you have answered yes to any/all of the abo	ve please give details:
Has your child ever had any assessment?	Yes No
If yes, please give details:	

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The information I have given in this form is accurate	Yes
I/We the parent(s)/guardian(s) of the above named chil procedures put in place by the Board of Management of	0 1 1
Parent/Guardian 1:	Date:
Parent/Guardian 2:	Date:

**Please enclose a copy of your child's birth certificate with this form.

If any of the details of this form change-for example, if you move house, change phone number etc. would you please inform the school at the earliest opportunity.

Please enclose a copy of all assessments relating to your child's development and/or needs.

Information from this enrolment form will be used to complete your child's registration on the Department of Education POD (Primary Online Database) system.

Please return this form to the school by 31/01/2025.