

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 will be treated with the strictest confidence and only used for the benefit of the child. (Use block capitals please)

Name of Child: _____ Male/Female: _____

Date of Birth: _____ PPS No: _____

Name and class of siblings already in the school:

Number of children in family: _____

Placing of child in family (1st, 2nd etc.): _____

Parent(s): (The following information is 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: _____ Mother _____ Father

1st Contact if parent not available: Name: _____

Phone No: _____

2nd Contact if parent not available: Name: _____

Phone No: _____

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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 child agree to accept the policies and procedures put in place by the Board of Management of Kiltealy National School.

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.