



St. Brigid's National School, Killygarry, Co. Cavan. Tel: 049-4362144 Email: info@killygarryns.ie

Application for Enrolment Form

Name of Child: _____ Male Female

Date of Birth: _____

(Please enclose your child's original birth certificate which will be copied and returned)

Parent 1 Name: _____ Telephone Number: _____

Parent 2 Name: _____ Telephone Number: _____

Address: _____

(Please enclose two original recent utility bills dated within the last 3 months as proof of address. List of utility bills accepted as per our **Admissions Policy**. More recent utility bills may be requested by the Board of Management closer to the date of enrolment)

Anticipated Enrolment Date: _____

Class to be admitted to: Junior Infants Senior Infants First Class
Second Class Third Class Fourth Class
Fifth Class Sixth Class

Does your child have any siblings in the school: Yes No

I hereby acknowledge that the information provided above is correct and accurate.

Signed: _____

Date: _____

