



St Fergal's National School
Ballywaltrim
Bray
Co. Wicklow
A98A521
Reg. charity no. 20139292

Roll Number: 20466L
Principal: Tom Sargent
Deputy Principal: Margaret Scanlon

Tel/Fax: 01-2868033/2829963
Email: secretary@stfergalsnsbray.ie

Early Start at St. Fergal's National School Application Form

Child's Details:

| | |
|----------------------------|--|
| Child's First Name: | Child's Surname |
| Class level for Enrolment: | Year for Enrolment |
| Child's Date of Birth: | Gender : Male ____ Female ____ |
| Child's PPSN: | Copy of Child's Birth Certificate enclosed: YES / NO |

Child's Home Address & Eircode:

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| Line 1: | |
| Line 2: | |
| Eircode: | Parish within which you live: |
| Position of Child in Family (1 st , 2 nd , etc.) | |
| Primary School attended by brothers/sisters: | |

Mother's / Guardian's Details:

Father's / Guardian's Details:

| | |
|-------------|-------------|
| Name: | Name: |
| Mobile No.: | Mobile no.: |
| Landline: | Landline: |
| Email: | Email: |

Child's Education to date:

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| Any previous Creche/playschool attended: |
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Declaration:

I declare my wish to send my child to St. Fergal's Early Start should a place become available.

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| Signed Parent/Guardian: | Dated: |
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All personal data provided is strictly confidential, is necessary in order to enrol your child, and will be treated in accordance with GDPR legislation.