



Admissions Application Form 2026/2027

Scoil Cholmcille, Murroe NS, Dunfanaghy, Co Donegal

Roll No: 14704P

Phone: 074 9136702 **email:** murroenationalschool@gmail.com **website:** www.murroens.com

Please note that this form is for application purposes only. The information provided will be used to allocate Junior Infant places in accordance with the School's Admission Policy/Annual Admission Notice

<u>Pupil's Details:</u> First Name: _____ Last Name: _____ Male/Female: _____ Date of Birth: _____ P.P.S. Number: _____ Home Address: _____ _____ Eircode: _____ Intended Class: _____ Country of Birth: _____ Nationality: _____ If other than Irish, please state date of arrival in Ireland: _____ Languages spoken in the home: _____ Religion _____	<u>Parent/Guardian Details</u> First Name: _____ Last Name: _____ Relationship to child: _____ Home phone number: _____ Work phone number: _____ Mobile phone number: _____ E-mail address: _____ <u>Parent/Guardian Details</u> First Name: _____ Last Name: _____ Relationship to child: _____ Home phone number: _____ Work phone number: _____ Mobile phone number: _____ E-mail address: _____
<u>Additional Details:</u> (Please fill where applicable)	
Name of Previous School/Pre-School: _____	
Address: _____	

Principal/Manager's Name:

Phone Number:

Are there any orders or other arrangements in place,
governing access to or custody of your child?

Yes

No

I have read a copy of Scoil Cholmcille, Murroe National School's Code of Behaviour Policy (*available on <http://www.murroens.com> or please request copies directly from the school if you cannot access them*)

I agree that my child and I will abide by this policy and support the ethos of the school while attending Scoil Cholmcille, Murroe NS and any school related activities.

Yes

☐

No

☐

Signed: _____ Date: _____

Please ensure that you have included a Birth Certificate and Baptismal Certificate (if applicable) with this form. These documents will be photocopied and returned to you.

Principal's signature: _____

Date: _____

Birth Certificate received: Yes ☐ No ☐

Returned _____

Baptismal Certificate received: Yes ☐ No ☐

Returned _____

Office Use only:

* Date Application Received	Date	Mth	Year