## ST. PETER'S N.S., DUNGOURNEY, CO. CORK

Principal: Mr. Duncan Mc Carthy Telephone & Fax Number: 021 – 4668436 Website: www.dungourneyns.ie Email: info@dungourneyns.ie

### **APPLICATION FORM FOR ADMISSION 2025/26**

Details of child			
Child's Name:		Date of Birth:	Address:
	Eircode:		
	Geno	der:	
	PPSN	l:	
Class (wishing to er	irol for)	Commencing (state mon	nth and year)
If other than junior ir	fants, please give na	ame and address of previous s	chool(s) and last
class completed:			
Details of Parent/Gu	ardian 1		
Name:	Mobile No.: _	Email:	
Details of Parent/Gu	ardian 2		
Name:	Mobile No.: _	Email:	
Does this child have a	sibling already enro	olled in the school: Yes N	o Does this child
have siblings who are	past pupils of this s	school? Yes No Is a p	parent/guardian a past
pupil of this school?	'es No		
Does this child live in	Imogeela Parish? Ye	es No	
Is this child on the sci	nool bus route? Yes	No	
A. J. 1915 1.1 . C 12			

### **Additional Information**

Is there any additional information relevant to this application?

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### Declaration:

Declaration:				
	uardian(s) of the applicant do h		at the above informat	tion
is true and accurate and I/v	we consent to its use as describe	ed.		
Signature:	Date:		<del></del>	
	Date:		_ Please	
note:				
Submission of completed a	application form does not guara	ntee a place in St.	Peter's NS, Dungour	ney
This Application MUST be a	accompanied by your child's <u>ORI</u>	GINAL birth certif	ficate. The school will	
make a copy of the docume	ent(s) submitted and will return	all of the original	documents.	
Please return this form by $\epsilon$	email to info@dungourneyns.ie	or by post to St. F	Peter's NS,	
Dungourney, Co. Cork- P25	Y838			
If your child is offered a pla	ce, it is necessary to provide all	necessary docum	nentation and respon	d
promptly to all deadlines in	order to successfully accept yo	ur child's place.		

Please see our school Admission Policy for more information on our acceptance criteria.