



THE HAROLD SCHOOL, GLASTHULE
GENERAL APPLICATION FORM (Classes Snr. Infants to 6th)

This is an Application Form for enrolment and does not constitute an offer of a place, implied or otherwise.
Incomplete Application Forms will not be considered.

Chairperson BOM: Mr. Declan Murray
Principal: Ms. Dervla Nic Mhathúna

Roll No. 20141G
Website: www.theharoldschool.ie

Pupil Surname:		Pupil First Name:	
Pupil PPS No:		Date of Birth:	
Address: (Primary Residence)		Home Telephone:	
Are you resident in the parish of Glasthule? Yes/No (Please delete as applicable)			
Class wishing to start:		Year wishing to start:	
Parent/Guardian 1:	Mobile No:	Email:	
Parent/Guardian 2:	Mobile No:	Email:	
Siblings currently attending the Harold School:			
Name of Primary School currently attending:			
Reason for Transfer:			

The following items must accompany the form:

- Copy of child's Birth Certificate (with a certified translation if the language of the certificate is not Irish or English)
- Child's most recent School Report

All of the information provided in this Application for Enrolment Form is taken in good faith. If any of the information is incorrect, misleading or if documentation is incomplete, then your application may be rendered invalid and any offer of a place made regarding your child will be cancelled (even if you have accepted it.)

I have read the School Admission Policy (as available on www.theharoldschool.ie or from the Secretary's Office). I acknowledge that the only entitlement to an offer of a place is through the application of the criteria and requirements set out in this Policy. I confirm that all the information given in this form and in any accompanying documents is true, accurate and complete. I promise that I will bring any change in information to the attention of the School in writing as soon as I am aware of the change.

Parent/Guardian: _____

Parent/Guardian: _____

Date: _____

Date: _____