

THE HAROLD SCHOOL GLASTHULE APPLICATION FORM JUNIOR INFANTS 2024-2025

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's First Name:			
Pupil PPS No:		Date of Birth: (Must be aged 4 before 1st June in year of entry)			
Address: (Primary Residence incl. Eircode				Home Telephone:	
Resident in the parish of If yes see below	of Glasthule? YES/N	NO (De	elete as applicable)		
Parent/Guardian 1:	/Guardian 1: Mobile No: Ema		Email:	Email:	
Parent/Guardian 2:	Mobile No:	obile No: Email:			
Sibling(s)currently atte	ending the Harold Sc	hool:			
the certificate is not • Category 1 - Glasth	accompany the form: by of child's Birth Cer	tificato	e (with a certified tra	nslation if the language of ng - Recent (within 8	
All of the information prov of the information is incor- may be rendered invalid as you have accepted it.)	rect, misleading or if d	docum	entation is incomplet	e, then your application	
I acknowledge that the only requirements set out in this P	entitlement to an offer Policy. I confirm that all and complete. I promise	r of a p the info e that I	place is through the a ormation given in this fo will bring any change	r from the Secretary's Office). pplication of the criteria and orm and in any accompanying in any information, up to and am aware of the change.	
Signed: Parent/Guardian 1		Signed: Parent/Guardian 2			
Date:		Date:			