



ENROLMENT FORM 1

Scoil Aireagail, Ballyhale, Co. Kilkenny

Principal: Mr. Liam O' Brien
Deputy Principal: Mr. Shane Fallon

School Tel. No. 056 7768632
Email: info@scoilaireagail.ie
Web: www.scoilaireagail.ie

Please complete in **BLOCK CAPITAL LETTERS** only
Application for place for Academic Year (e.g. 2020/21) _____

Enrolment Form 1: Must first be completed and submitted by those expressing an interest in enrolling in Scoil Aireagail. In line with General Data Protection Regulations (GDPR) it requires minimum information only. Once submitted and processed applicant will receive a second enrolment form, Form 2.

Enrolment Form 2: Must be completed and submitted following the processing of Form 1. Form 2 requires more detail necessary for educational, wellbeing and safety purposes.

| Information on Student | |
|---------------------------|--------------------------|
| Surname: | _____ |
| First Name: | _____ |
| National School Attended: | _____ |
| Male: | <input type="checkbox"/> |
| Female: | <input type="checkbox"/> |
| Date of Birth: | _____ |

| Information on Parent(s)/Guardian(s) | |
|--------------------------------------|-------------------------|
| Name (Mother/Guardian): | _____ |
| Name (Father/Guardian): | _____ |
| Mother's Maiden Name: | _____ |
| Address for correspondence: | _____ _____ _____ |
| Contact Telephone Number: | _____ |
| Signed: | _____ (Parent/Guardian) |

If you have any difficulty in completing any part of this form please contact Scoil Aireagail at 056 7768632.

Please return this completed application form to the office in Scoil Aireagail immediately.

Scoil Aireagail ensures the security and confidentiality of all personal data, under the Data Protection Acts of 1988, 2003 and 2018