



Intention to Apply to St. Matthew's National School Form

Child's Details:

Name:	Date of Birth:
Sex:	Religion/Demonimation of Child:
Proposed Year of Entry:	Proposed Entry Class:
Previous Primary School attended & reason for change of school:	
Does your child have a sibling in the school or on the Pre-Enrolment list? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give name and Class / Expected year of entry:	
Does your child have any special educational or medical needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:	

Name(s) of Parent(s)/Guardian(s)

1.		2.	
Address:		Address:	
Email:		Email:	
Telephone (H):	Telephone (M):	Telephone (H):	Telephone (M):

Data Protection: This Intention to Apply Form will be kept in a secure file in St. Matthew's National School Office. The information included in this form will only be accessed by relevant authorised staff and Board of Management members.

I understand that

- The receipt of an enrolment form does not guarantee that the child will be offered a place
- It is my responsibility to inform the school of any change of address, telephone number or other relevant information

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Office use only

Date of receipt of application: _____ Acknowledgement sent:

Reference Number: _____

St. Matthew's National School, Cranfield Place, Sandymount, Dublin 4, Ireland

t. +353 (0)1 660 3145 f. +353 (0)1 667 8989 e. secretary@stmatts.ie w. www.stmatts.ie

Principal: Mrs. Naomi Rousseau

Roll Number: 18282M