

Holy Trinity National School



Application for Admission to School

Holy Trinity National School (20190T)
Glencairn
Leopardstown
Dublin 18
(01) 2063664

Child's First Name: _____

Child's Surname: _____

Boy/Girl: _____

Date of Birth: _____

Home Address:

Year Beginning School: _____

Place of child in family: _____

Siblings in school (if applicable)

*Religion: _____

Parish: _____

Date of Application: _____

Mothers Name: _____

Home Ph: _____

Mobile Ph: _____

Email: _____

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Fathers Name: : \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_

- *\*To assist with the role of school in preparation of pupils for sacraments, parents are requested to forward a copy of baptismal cert ( if child is baptised) to the school when accepting a place.*
- *A copy of the Schools Enrolment Policy & Code of Behaviour is available on the following link [www.holytrinity.ie](http://www.holytrinity.ie)*