

**Holy Trinity National School,  
Glencairn Drive, Leopardstown, Dublin 18.**

*Bunscoil na Tríonóide Naofa, Baile na Lobhar, BAC 18.*

*Fón/ 01-2063664 E-Mail: [office@holytrinity.ie](mailto:office@holytrinity.ie)*

*Website: [www.holytrinity.ie](http://www.holytrinity.ie)*

*School Roll Number: 20190T*



**Registration of Interest Form**

Child's First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Surname: \_\_\_\_\_ Year Beginning School: \_\_\_\_\_

Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

Parish: \_\_\_\_\_

Place of child in family: \_\_\_\_\_

**Contact Information:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Home Tel No: \_\_\_\_\_

Work No: \_\_\_\_\_ Work No: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Date of Registration: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Once returned to school, your child's name is included in the list for that particular year. The process of allocating places in accordance with our school enrolment policy will be completed in September/October prior to your child's start in school, following a general meeting of parents to which you will be invited.

*For School Use:  
Date Received*

*Reg: No: \_\_\_\_\_ Year: \_\_\_\_\_.*