

Expression of Interest Form



St. Patrick's Boys' National School

Portrane Rd., Donabate, Co. Dublin

Ph/Fax: 8436168

Scoil Naomh Pádraig (Buachailli)



Principal: Brian Horan

www.stpatsbns.ie

Roll No: 162676

General Information (Please Print)

Name of Pupil: _____ PPS Number: _____

Date of Birth: _____ Gender: _____ Nationality: _____

Address: _____

Eircode: _____

Mother: Name: _____ Telephone: _____

Email: _____ Mother's Maiden Name: _____

Father: Name: _____ Telephone: _____

Email: _____

Both Parents are legal guardians (Please tick)

One Parent is the legal guardian

When neither parent is the legal guardian, the legal guardian should complete the section below.

Legal Guardian: Name: _____

Telephone: _____ Email: _____

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Has your son had, or does he currently have a sibling enrolled in St. Patrick's Boys' National School, Donabate or in Scoil Phádraic Cailíní, Donabate?

Yes/No. If yes name(s)

Has your son had a parent or grandparent enrolled in St. Patrick's Boys' National School, Donabate or in Scoil Phádraic Cailíní, Donabate?

Yes/No. If yes, please provide relevant information below

Parent _____ School Name _____

Parent _____ School Name _____

Grandparent name _____ School name _____

Grandparent name _____ School name _____

Grandparent name _____ School name _____

Grandparent name _____ School name _____

Previous School (if any)

Play school:

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Consent to Contact

I/We give consent to St. Patrick's Boys' National School to contact me/us using any of the above means during my/our child's enrolment in St. Patrick's Boys' National School. (please tick)

Signed: _____

Signed: _____

Date: ___/___/___