



**Scoil Oscair CNS,
Tór an Rí Walk,
Balgaddy Road
Lucan, Co. Dublin**

APPLICATION FOR ADMISSION – JUNIOR INFANTS 2014

This is an application form for admission and does not constitute an offer of a place, implied or otherwise.

	YEAR FOR ADMISSION	CLASS	
PUPIL'S SURNAME			
PUPIL'S FIRST NAME		Male	Female
DATE OF BIRTH			
ADDRESS (Primary Residence)			
MOTHER'S/ GUARDIAN'S NAME			
FATHER'S/ GUARDIAN'S NAME			
TELEPHONE NUMBERS:	HOME:	E-MAIL:	
	MOBILE:		

All applications should be returned to:

**Scoil Oscair CNS
Tor an Ri Walk
Balgaddy Road
Lucan**

Phone: 01-4576710

Email: scoiloscair@ddletb.ie

A birth certificate must accompany your application: The birth certificate is required to prove your child's date of birth:

- An Original Long Form Birth Certificate (together with a photocopy)

All of the information you provide in this Application Form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application will be rendered invalid.

We reserve the right to use any necessary means to verify proof of primary residence.

**AN IRISH LANGUAGE VERSION OF THIS APPLICATION FORM IS AVAILABLE UPON REQUEST
FROM scoiloscair@ddletb.ie**



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