

**Roll No:** 17957N  
**Tel No:** 065-6829808  
**Email:** [office@hfjs.ie](mailto:office@hfjs.ie)  
**Website:** [holyfamilyjuniorschool.com](http://holyfamilyjuniorschool.com)  
**Principal:** Miriam Lowe  
**Deputy Principal:** Marina Mulqueen



Holy Family JNS  
Station Road  
Ennis  
Co. Clare  
  
V95 YR79

## Enrolment Application Form

This purpose of this form is to apply to enrol your child in Holy Family Junior School. Please consult the school Enrolment Policy for details on the enrolment procedure and enrolment decision making. This is an application form only. A full registration form will be required prior to enrolment.

Pupil First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Year of Entry: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

P.P.S Number: \_\_\_\_\_

Address (at which applicant resides): \_\_\_\_\_

\_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

\_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Email address for school communication: \_\_\_\_\_

Names and class of siblings currently enrolled in the school: \_\_\_\_\_

\_\_\_\_\_

Names of parents or siblings who are past pupils of the school: \_\_\_\_\_

\_\_\_\_\_

What class are you applying to enrol your child in? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_