Enrolment Application Form 2026/27

Sliabh a' Mhadra N.S.

Child's Name:

Date of Birth:

Gender:

Address (at which the applicant resides):

Parent(s)/Guardian(s) Details:

1.

Name:
Address:
Mobile :
Email:

2.

Name:
Address:
Mobile:
Email:

Application Type:

Mainstream ☐

Autism Class ☐

For office use only
Date received:
Principal's Signature: