

# All Saints'

National School

*Carysfort Ave, Blackrock, Co. Dublin*



## Application Form

All sections must be fully completed

### Parents'/Guardians' Details (The Applicants)

Name	Name
Full Postal Address	Full Postal Address
Email	Email
Phone Number	Phone Number

### Applicant Student Details

Full name of Applicant Student
Full Postal Address of Applicant Student
Date of Birth of Applicant Student
Does the Applicant Student have any siblings in All Saints' National School?
Expected year of entry to school
Expected class of entry to school

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**Telephone:** 01 – 2885355

**Email:** [office@allsaintsblackrock.com](mailto:office@allsaintsblackrock.com)

**Principal:** Amanda MacGowan

**Roll Number:** 10494K

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The following documentation must be provided with the Application Form:

- Copy of Birth Certificate
- Proof of address

Where applicable, the following section must be completed:

- Is your child a member of the Church of Ireland or a Protestant Reformed Church or a member of a minority religion which has the same ethos, or a similar religious ethos to All Saints' National School.

Yes

No

Where applicable the following documentation must be provided with the application

- Any evidence that the Applicant wishes to include to support the statement that the Applicant Student is a member of a minority religion consisting of:

- a letter from the relevant Church leader confirming, that the Applicant Student is a member of the minority religion *or*
- a baptismal record issued by the relevant minority religion which confirms that the Applicant Student has been baptised as a member of the minority religion *or*
- the signature and stamp of the relevant Church leader on the application form confirming, that the Applicant Student is a member of the minority religion (see box below).

I, ..... (enter name of church leader) confirm that  
..... (enter name of applicant student) is a member of  
..... (enter full details of church/ denomination).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position held: \_\_\_\_\_ Phone No: \_\_\_\_\_

Church Stamp:

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### **Signature of Parent(s)/Guardian(s) (The Applicants)**

I/ We understand that the completion of this application form does not guarantee that a place in the school will be made available to my/our child.

I/We have read and accept the Ethos Statement, the Admissions Policy, Data Protection Policy & Code of Behaviour.

I/We confirm that all the information entered on this form is accurate.

Signature of parent/ guardian: \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If all relevant documentation is not provided with the application form, the application will not be considered until such time as all relevant documentation is furnished and then only if furnished prior to closing date.

The information entered on this form is processed in accordance with our Data Protection Policy.

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