## **Ballymurn National School**

## **Application for enrolment into mainstream classes September 2025**

Name of Child:		Date of Birth:	
PPS Number:	Entry Class:	Eircode:	
Address:			
Telephone Number(s)	: Home:	Mobile:	
Mother's Name:		Email:	
Father's Name:		Email:	
Name/s of siblings wh	o attend/attended Ba	llymurn NS:	
Parent/Guardian's Sig	nature(s):		
Date of Application: _			
Please note incomplet	te forms cannot be acc	epted.	
These criteria are set o www.ballymurnns.ie	out in the Admissions Po	olicy which can be found on the school website	
Closing date for applica	ations is 2pm on Wedn	esday January 15 <sup>th</sup> 2025	
Please post/deliver co Wexford, Y21PR60	mpleted forms to: Bally	murn National School, Ballymurn, Enniscorthy, Co	
The Board of Manager	ment reserves the right	to refuse admission.	
For school use only: D	ate application was re	ceived	