

Scoil Naomh Feichín

TERMONFECKIN
Co. Louth
Tel: 041-9822589
Email: scoilnaomhfeichin@gmail.com



Intention to Enrol Form

Please return this form to the school office when you have completed it. You will receive a more comprehensive application form in January of the year in which you wish your child to commence primary education. Class places are allocated during the month of February and parents/guardians will be contacted at that stage.

Name of Child :

Address:

Gender:

Date of Birth:

Religious Denomination:

Date you wish your child to be enrolled:

Names of Parents/Guardians:

Family email address:

Tel. No. (Home)

Alternative Telephone No. (Mobile)

Signature of Mother / Guardian: _____ Date:

Signature of Father / Guardian: _____ Date: