



Springdale National School

Lough Derg Road, Raheny, Dublin 5

Application Form for September 2026

Class: _____

Name of Pupil: _____ PPS Number: _____ Date of Birth: _____

Address: _____ Eircode: _____

Last school attended (including Montessori/playschool/playgroup): _____

Parent 1: Name: _____ Telephone: _____ Email: _____

Parent 2: Name: _____ Telephone: _____ Email: _____

Both Parents are legal guardians ☐ (Please tick)

One Parent is the legal guardian ☐ (Please tick) Name: _____

When **neither** parent is the legal guardian, the legal guardian should complete the section below.

Legal Guardian: Name: _____ Telephone: _____ Email: _____

***I/We give consent to Springdale National School to contact me/us**

using any of the above means ☐ (please tick)

A statement confirming membership of a minority religion as defined in Priority Category 1 of our Admissions Policy:

I/We confirm that _____ (Student Applicant) is a member of a minority religion.

Please tick ☐ Yes **OR** ☐ No

I/We wish the Applicant Student to be enrolled and educated in Springdale N.S. which has a Church of Ireland ethos & provides a

Please tick ☐ Yes **OR** ☐ No

programme of religious education (as outlined in the Admissions Policy)	
-------------------------------------------------------------------------	--

Please complete if the Student Applicant is a member of a minority religion as defined in Priority Category 1 of our Admissions Policy:

You may provide any evidence you wish to include to support your statement that the Applicant Student is a member of a minority religion including but not limited to

- a letter from the relevant Church leader confirming that the Applicant Student is a member of the minority religion *or*
- the signature and stamp of the relevant Church leader on this application form confirming, that the Applicant Student is a member of the minority religion

I confirm that _____ (Applicant Student's Name) is a member of _____

Is this a minority religion: Please tick ☐ Yes **OR** ☐ No

Signed: _____ Block Capitals: _____

Contact Details: _____

Please Stamp Here

I confirm that the information given in this form is true, complete and accurate.

I agree to accept and uphold the Code of Behaviour and ethos of the school.

Signed: _____ Signed: _____ Date: _____

Data Protection Statement

This data is sought purely for enrolment purposes and will not be used or disseminated for any other purpose. We will store some of this data on the Aladdin Schools Online Management Information System (MIS) / Student Information System (SIS). A copy of our Data Protection Policy is available on our school website, www.springdale.ie

A copy of your child's birth certificate must be attached. A copy of a recent utility bill should be enclosed to confirm address.

Please Note: Receipt of this form will be confirmed by email where an email address is provided. Where no email address is given, receipt will be confirmed by telephone.