**St. Saviour’s National School, Ballybeg Drive, Waterford.**

**Phone (051-372621)**

**Email secretary@stsavioursns.ie web address: www.stsavioursns.ie**

**Application for St. Saviour’s N.S. Special Class 2026/2027**

Child’s First Name­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Cert first name (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Cert surname (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Date of Birth PPS Number (must be entered)

 Child’s PPS Numbe

Eircode

Parent/Guardian 1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender **(Please tick)** Male 󠆯\_\_\_\_ Female 󠆯\_\_\_

**Please include all relevant reports, birth certificate and a certificate of eligibility with this application.**

***Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian(1) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian(2) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**If this application form is being signed by one parent only please read and sign the following:**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that both parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are aware of and consent to this enrolment application to St. Saviour’s N.S.**

For office use only

Received this application on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_