



JUNIOR INFANT APPLICATION FORM
SCHOOL YEAR 2026-2027

*CHILD'S NAME Male Female
(as on Birth Certificate)

*Date of Birth: *Child's PPS Number:

Age at school entry: Years..... / Months

*FULL POSTAL ADDRESS:
.....

Has your child attended Playschool and/or Montessori?

Yes No

Name of Playschool:

Dates:

Has a Sibling already in the school : Yes: No:

Parent 1 / Guardian 1

Name	
Mobile No.	
Email Address	
Alternative Contact No.	

Parent 2 / Guardian 2

Name	
Mobile No.	
Email Address	
Alternative Contact No.	

Emergency Contact Number:

Name: Description: Mobile:

Home Number:

I have read and agree to the school enrolment policy: please tick

I have attached 2 different proof of address dated within the last 3 months: please tick

I have attached child's birth certificate: please tick