

S.N. Béal Átha Gabhann

Chairperson: Kevin Walsh
Principal: James Hayden
Phone: 067 25444
Email: silverminesns@gmail.com



Enrolment Application Form

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides): _____

Eircode: _____

Name and class of Sibling(s) currently enrolled: _____

Parish in which the applicant resides _____

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ E-mail _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ E-mail _____

Date: _____

Completed enrolment applications must be returned to:
Silvermines NS as soon as possible and no later than 28th February