



The Faythe, Maudlintown, Wexford, Y35 YT38, Ireland
+053-9123105 | info@thefaytheschool.org

ENROLMENT APPLICATION FORM

Enrolment Year: _____

Child's name: _____

Date of Birth: ___/___/___

Gender: _____

Address at which the applicant resides:

Name and class of siblings currently enrolled:

I wish to apply to enrol my child in class:

Parents / Guardians Details:

Name: _____

Address: _____

Mobile No.: _____

Email address: _____

Parents / Guardians Details:

Name: _____

Address: _____

Mobile No.: _____

Email address: _____

Signature 1: _____

Signature 2: _____

Date: _____