



Milford Grange National School
Application Form
for
Transfer from Other Schools into Classes

Return to Principal, Milford Grange National School, Castletroy, Co. Limerick

Name of Pupil: _____

P.P.S. No.: _____

Date of Birth: _____

Gender M/F: _____

Landline Telephone: _____

Religion: _____

Requested Class & Year of Entry: _____

Previous School Attended: _____

Reason for change of School: _____

Address at which child resides (All correspondence will be sent to this address)*:

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

(If different from pupil's)

(If different from pupil's)

Mobile No.: _____

Mobile No.: _____

Occupation: _____

Occupation: _____

No. of children in family: _____

Place of this child in family: _____

Please note any medical problems/allergies your child may have or any special educational needs they may require

Signature: _____

Signature: _____

Date: _____

Date: _____

** please append **Original of proof of residence** at this address.(e.g. utility bill in family name, originals only, less than 3 months old)*

*Please attach the **Original and one clean copy of the child's Birth Certificate** and 1 Passport Photograph and a stamped addressed envelope*

FOR OFFICE USE ONLY:

Date of Receipt of

Application: _____

Birth/Baptismal Certificate Yes / No

Passport Photo Yes / No

Administration Yes / No

Proof of Residence Yes / No