LITTLE ANGELS SCHOOL

KNOCKNAMONA
LETTERKENNY
COUNTY DONEGAL
F92 PW1Y
074-9122456
OFFICE@LITTLEANGELSSCHOOL.NET

Enrolment Form 2026/2027

Name of Child: _____

Address: _____
_____
_____

Details of Child: Date of Birth: _____ PPSN: _____

Nationality of Child: _____ **Nationality of Parents:** _____

Religion: _____

Category of Special Educational Need: _____
_____
_____

Names of Parent(s)/Guardian(s): Mother: _____
Father: _____

Telephone Numbers:
Landline: _____
Mother's Mobile: _____
Father's Mobile: _____
Emergency Contact Name: _____
Emergency Contact Number: _____

Other Siblings in Family:

Name	Age
Name	Age
Name	Age
Name	Age
Name	Age

Previous Placements: e.g. pre-school, primary school, special class etc.

_____
_____

Medical Details:

Medical Conditions if any: _____

Medication if any: _____

_____

Family Doctor: _____

Address: _____

Contact Number: _____

Allergies if any: _____

Any other information which you feel is relevant and of which you would like us to be aware:

_____
_____
_____

I wish to have my child enrolled in Little Angels School.

Signed: _____ Date: _____
Parents/Guardians