



APPLICATION FORM FOR SCHOOL YEAR 2025/2026

Class: _____

This is an application form for admission and does not constitute an offer of a place, implied or otherwise			
Pupil's Surname			
Pupil's First name			Male <input type="checkbox"/> Female <input type="checkbox"/>
Pupils Date of Birth		Pupil's PPSN	
Address (Primary Residence)			
Mother's Full Name			
Father's Full Name			
Phone Number			
Email Address			
Name and address of previous school/preschool			
This application must be accompanied with an Original Birth Certificate (together with photocopy)			
All of the information you provide in this Application Form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application will be rendered invalid			
Completed Application form should be sent to Cuan Na Gaillimhe CNS – A Steiner Education, An Cimín Mór, Cappagh Road, Knocknacarra, Galway H91 KX30, or by email to info.cng@gretb.ie			

Roll number: 20462D

Phone: 091 867 387

Email: info.cng@gretb.ie

