SN Béal Átha Grean Ballyagran N.S. Ballyagran, Kilmallock, Co. Limerick



Roll No: 19323F Phone: (063) 82015 Eircode: v35w220

Click: www.ballyagrannationalschool.com Email: info@ballyagrannationalschool.com

Admission Application Form 2026/2027

Child Details (please complete using block capitals **except** for signatures):

Pupil's First Name:	Middle name:	Surname:	
Date of Birth:	Gender:	PPS Number:	Eircode
Address (at which the applicant resides):			
Name and class of Sibling(s) currently enr	olled:		
Parish in which the applicant resides:			
Parent(s)/Guardian(s) Details:			
Name:	[] Parent 1		
Address:			
Home Tel Mobile	Email	I	
Name:	[] Parent 2		
Address:			
Home Tel Mob	ile	Email	
Signed 1:	Signed 2:		
Date:	Date:		

Please Note:

Completed admission applications must be returned to Ballyagran N.S., Kilmallock, Co. Limerick no later than 12.00pm on Friday 13th February 2026

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An Cuan (Autism class) applicants

We	and	parents/guardians o
	, wish to apply for a placement for my child	in the Ballyagran National School Autism
Class for the 2026/27 school	year. I understand that I should contact th	ne school upon returning this form. I also
understand that the outcome	of the application cannot be considered	l until I have furnished all the relevant
documentation as directed by th	ne NCSE and requested by the school as part (of its <u>School Admission Policy</u> .
Signed:	Parent/Guardian 1	Date:
Signed:	Parent/Guardian 2	Date: