

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 enrolled: _____

Parish in which the applicant resides: _____

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent 1

Address: _____

Home Tel. _____ Mobile _____ Email _____

Name: _____ [] Parent 2

Address: _____

Home Tel. _____ Mobile _____ 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**

'An Cuan' applications please turn over →

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An Cuan (Autism class) applicants

We _____ and _____ parents/guardians of _____, 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 the school upon returning this form. I also understand that the outcome of the application cannot be considered until I have furnished all the relevant documentation as directed by the NCSE and requested by the school as part of its [School Admission Policy](#).

Signed: _____ Parent/Guardian 1 Date: _____

Signed: _____ Parent/Guardian 2 Date: _____

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