

CASTAHEANY EDUCATE TOGETHER NATIONAL SCHOOL

PRE-ENROLMENT FORM

Information on Child to be pre-enrolled:

Child's First Name: _____ Child's Surname _____

Date of Birth: _____ P.P.S.N.

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 Male Female

In which class do you require a place: _____ Is your child currently in school: YES NO

If your child has attended school, name of current school _____ Class _____

Year to Start Child at this school: _____ Language(s) spoken in the home _____

Does your child have siblings in this school? If yes, name(s) _____

Does your child have any Special Needs: YES NO

Does your child have any medical conditions: YES NO

Parent/Legal Guardian Information:

Name(s): _____

Address(es): _____

Phone No.s: Home: _____ Mobile: _____ Work: _____

Email address (please write clearly): _____

I understand the following:-

- ❖ that allocation of places in Castaheany E. T. N.S. will be strictly on application date order.
- ❖ **that my child must be 4 before the 1st May of the year he/she will start school in Junior Infants**
- ❖ that I must **post or email** this completed form to the school office.
- ❖ an original birth certificate must be supplied and copied at the school office.
- ❖ that receipt of a pre-enrolment form does **NOT** guarantee that a place will be offered.
- ❖ **I understand that it is my responsibility to inform the school of any changes in address, telephone number or other circumstances.**
- ❖ I understand that, if I have not replied to a confirmed offer of a place for my child within 14 days of that offer being made, I have forfeited my place on the pre-enrolment list.

IF POSTING, PLEASE ENCLOSE A STAMPED ADDRESSED ENVELOPE FOR ISSUE OF RECEIPT AND RETURN OF BIRTH CERTIFICATE

Please note: CETNS will not be accepting pre-enrolments for 2024. (Ref: Admission to Schools Act 2018)

Signed: _____ Parent or Legal Guardian Date: _____

Signed: _____ Parent or Legal Guardian Date: _____

FOR OFFICE USE ONLY:

Date of receipt of form: _____ SAE ___ B/C _____ Pre-enrolment number: _____ Class no. _____

Year in which child will start: _____ Class: _____ Signature _____

Return this form to : Castaheany Educate Together National School, Ongar Village, Ongar, Dublin 15. D15 AE61
(please mark the envelope Pre-Enrolment) or email to castaheanyeducatetogether@gmail.com (Title: Pre-Enrolment)