**Enrolment Application Form**

All enrolment applications will be dealt with in line with our admissions policy.

**\*Please note that this form does not guarantee your child(ren) a place.**

Following receipt of your completed application form we will contact you in the months preceding the proposed enrolment.

Please see our admissions policy at [www.castlegarns.ie](http://www.castlegarns.ie)

Please write clearly

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| --- | --- | --- | --- |
| **Child’s Information** | | | |
| **Year for which place is sought** |  | **Class for which place is sought e.g ASD, Junior infants etc.** |  |
| **Child’s name:**  **Male □ Female □** | | **Date of Birth:** | |
| **PPS Number:** | |
| **Religion:** | |
| **Address:**  **Eircode:** | | **Home phone number:** | |
| **Mobile:** | |
| **E-mail:** | |
| **Name and address of school or playschool previously attended:** | |  | |
| **Parents Information** | | | |
| **Father’s Name:** | | **Mother’s Name:** | |
| **Mobile Number:** | | **Mobile Number:** | |
| **Work phone number:** | | **Work phone number:** | |
| **Does your child have any special needs? E.g. speech & language, physical needs etc. Please give brief details below:** | | | |
| * I have read the above information and understand that completion of this application form does not guarantee enrolment of my child at Castlegar NS.   Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |