**Pre-Enrolment Form**

\*Please note that this is not an offer of a place. Following receipt of your completed application form we will require you to confirm your interest in the February preceding the proposed enrolment. Please see our enrolment policy at [www.castlegarns.ie](http://www.castlegarns.ie)

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| **Child’s name:**  **Male □ Female □** | **Date of Birth:** |
| **PPS Number:** |
| **Religion:** |
| **Address:**  **Eircode:** | **Home phone number:** |
| **Mobile :** |
| **E-mail:** |
| **Name of Father and /or Mother** | |
| **Father:**  **Work phone number:**  **Mobile :** | **Mother:**  **Work phone number:**  **Mobile :** |
| **Name and address of school or playschool previously attended:** | **Year and Class for which place is sought (e.g. 2019 / 2020 / 2021 etc ASD, Junior Infants)**   |  |  |  |  | | --- | --- | --- | --- | | **YEAR:** |  | **CLASS:** |  | |
| **Does your child have any special needs? E.g. speech & language, physical needs etc.** | |
| * I have read the above information and understand that completion of this application form does not guarantee enrolment of my child at Castlegar NS. * I understand that it is my responsibility to inform the school of any change of address, telephone number or other relevant 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 will have forfeited my child’s place on the pre-enrolment list.   Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **For School Use Only** | |
| Date Received |  |
| Date Entered on Aladdin |  |