

PRE-ENROLMENT FORM

Information on Child to be pre-enrolled:

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

Date of Birth: _____ 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 any Special Needs: YES NO

Does your child have any medical conditions: YES NO

Parent/Guardian Information:

Name(s): _____

Address(es): _____

Phone Nos: Home: _____ Mobile: _____ Work: _____

Email address: _____

I understand the following:-

- ❖ that allocation of places in **Blessington** E. T. N.S. will be strictly on application date order.
- ❖ that I must post this completed form to the Pre-enrolment officer.
- ❖ 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.

PLEASE ENCLOSE A STAMPED ADDRESSED ENVELOPE FOR ISSUE OF RECEIPT

Signed: _____ Guardian/Parent Date: _____

FOR BETNS USE ONLY:

Date of receipt of form: _____ Pre-enrolment number: _____

Year in which child will start: _____ Class: _____

Signature: _____

Return this form to :Blessington Educate Together School, Red Lane, Blessington, Co Wicklow. 045 865281