Raphoe Central National School

REGISTRATION OF INTENTION TO MAKE APPLICATION FOR ENROLMENT

Requested date of entry _____ (please indicate month/year)
Class in Which you would like your child to be enrolled: ____ class

Child's name……..

Address……

…… Eircode……

Date of birth……..

Parent's/guardian'sname(s)……

……

Phone number(s)

Parent 1 (home) …… Mobile ……

Parent 2 (home) …… Mobile ……

Email……

School (if any) attending at present ……

We/I understand this registration places the applicant pupil on a list of those requesting application forms for the year stated. We/I understand that this registration does not offer any preferment to the applicant pupil and does not guarantee any place for him/her either for the term and year requested or for any other term or year. The school will make a record of parents wishing to enroll their child/ren for no other purpose than being in a position to post out application forms at the appropriate times. (You must notify the school of any change of address.)
We/I wish to give notice of our intention to apply for enrolment in respect of _____ (applicant) to Raphoe Central NS in the school year_____ in accordance with the foregoing information and request that an application form be sent to me/us at the appropriate time.

…… ……

Signature of Parent/Guardian Date

…… ……

Signature of Parent/Guardian Date