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**Scoil Chlíodhna Community National School**

**Carrigtwohill GAA, Carrigtwohill, Co. Cork.**

**Phone: 086-0080268**

**www.scoilchliodhnacns.ie**

 **Pre – Enrolment form**

**Child’s Information**

**Child’s First Name: ………………………………… Child’s Last Name: …….…………………………………**

**Date of Birth: ………………………………… Gender** *(please tick √)*: **Male Female**

**Year for which child is being enrolled: ………………………………………..**

**Class for which child is being enrolled: ……………………………………….**

**Name and address of preschool/playschool attended, if applicable: …………………….…………………………**

**……………………………………..……………………………………………………………………………………………………………..…**

**Name and address of previous school attended, if applicable: …………………….……………………….…………**

**……………………………………..……………………………………………………………………………………………………………..…**

**Parent(s)/Guardian(s) Information**

**Name(s): ………………………………………………………………………………………………………………………**

**Address: ………………………………………………………………………………………………………………………**

**................……………………………………………………………………………………………………...**

**Phone Number(s): ………………………………………………………………………………………………………………………**

**Email(s): ………………………………………………………………………………………………………………………**

**I understand that:**

* Registration alone does not guarantee a place in the school. Decisions in relation to applications for enrolment are made by the Board of Management in accordance with this enrolment policy.
* It is my responsibility to inform the school of any change of contact details or other relevant circumstances

**Please sign and send the completed application form to the above address.**

**Signed: ………………………………………………………………………………………………………………………**

**Date: ………………………………………………………………………………………………………………………**

**All Application Forms should be returned to:**

Scoil Chlíodhna Community National School,

Carrigtwohill GAA,

Carrigtwohill,

Co. Cork.