

Carrigaline Educate Together

Pre-enrolment Form

Please return form to:

Carrigaline Educate Together, c/o Carrigaline United AFC, Ballea Road, Carrigaline, Co. Cork.

INFORMATION ON CHILD TO BE PRE-ENROLLED

Childs First Name:.....
Childs Last Name/Surname:.....
Date of Birth:
School Year for which child is being pre-enrolled – please circle 2009 2010 2011 2012 2013
Class for which child is being pre-enrolled, please circle:
Junior Infants Senior Infants First Class
Second Class Third Class Fourth Class
Fifth Class Sixth Class
* Children have to be 4 by September 1 st , for entry to Junior Infant Class

PARENT/GUARDIAN INFORMATION

First Name(s):	Last Name/ Surname:.....
Contact Address:	
Phone Numbers:	
E-mail :	

(The information provided may be used for the planning of educational provision in this area)

- I understand that the receipt of a pre-enrolment form **does not** guarantee that the child will be offered a place.
- I understand that it is my responsibility to inform Carrigaline Educate Together 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 by the specified date on the offer letter, I will have forfeited my Childs place on the pre-enrolment list.

A copy of the full pre-enrolment rules may be obtained from the school or online at www.carrigalineeducatetogether.ie

Parents Signature: _____

Please tick here if you do **not** want to receive further information