

GRIFFEEN VALLEY EDUCATE TOGETHER NATIONAL SCHOOL

Pre-enrolment Application Form

(Full enrolment policy available in school upon request)

INFORMATION ON CHILD:

Child's Full Name: Surname.....
First Name

Date of Birth (dd/mm/yy)

Year for which child is being pre-enrolled:

Class for which child is being pre-enrolled:

School currently attended by
Child (where applicable):.....

PARENT/GUARDIAN INFORMATION:

Name(s):

Contact Address:

.....

.....

.....

Phone Number(s):

e-mail (if applicable):.....

- I understand that allocation of places in the school will be strictly on application date order.
- I understand it is **my responsibility** to ensure this form has been filled out correctly.
- I understand that my child must be 4 by **the 1st of May** of the year they will start Junior Infants
- 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 GVETNS 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.
- I understand that the information provided may be shared with other schools, solely for enrolment purposes.

Signed:..... Date:.....

GVETNS USE ONLY

Time/Date of receipt of form:
Form checked: Signed by:
Number: Year:
Offer sent: Date:
Offer Accepted: Date:
Birth Cert:
Multi-D form:
Voluntary Contribution:
