

Glasnevin Educate Together National School Pre-enrolment Form



Name of Parent/Guardian _____

Address _____

_____ Email Address _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Name(s) of Child (ren) With Surname of it differs	Date of Birth	Year to start School	To start in Class (junior senior, 1 st , 2 nd etc	Already enrolled or in ET School
1 st				
2 nd				
3 rd				
4 th				

Please state any additional information that you think would assist you in helping us provide education for your child?

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- I understand the ethos of an Educate Together School
 - I understand that the allocation of places in the school will be strictly on application date order
 - I understand that it is my responsibility to inform the school of change of address etc
 - I understand that place offers are made in accordance with the school pre-enrolment and enrolment policy.
 - I understand that if I have not replied to a confirmed offer of a place for my child within 14 days of that offer, I will forfeit my child's place.

Dated _____ Signed by _____

Please return completed form to: GET National School, Church Ave, Glasnevin, Dublin 9
Please supply a stamped, self-addressed envelope with your forms so that we can confirm your application.
 If you do not get written receipt of reply from the school you have no proof we got it. Please ensure you contact the school within 14 days if you do not hear from us. E-mailed applications are **not** accepted.

 FOR INTERNAL USE

Date Received _____ Time Received _____

Enrolment Receipt from: Glasnevin Educate Together National School, Church Ave, Glasnevin, D 9.

Form accepted by _____

Enrolment No _____ Child's Names _____

Enrolment No _____ Child's Names _____

Enrolment No _____ Child's Names _____

Parents/Guardians are advised to read The Pre-enrolment & Enrolment Policy of GET National School, obtainable free of charge from the school.