

# Glasnevin Educate Together National School



## Pre-enrolment Form

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name(s) of Child(ren) With Surname if it differs	Date of Birth	Year to start school	To start in class (Junior, Senior, 1 <sup>st</sup> 2 <sup>nd</sup> etc)	Do you have a child already attending the school?

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.

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_

Please return completed form to **Glasnevin Educate Together NS, Griffith Avenue, Glasnevin, Dublin 11.**

Please supply a stamped addressed envelope with your form so that we can confirm your application.

Please be aware that you need a written receipt of reply from the school.

Please ensure you contact the school within 14 days if you do not hear from us.

E-mailed applications are **not** accepted.

**Parents/Guardians are advised to read the Pre-enrolment & Enrolment Policy of Glasnevin Educate Together NS, obtainable on the website [www.get.ie](http://www.get.ie) or from the school.**

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FOR INTERNAL USE

Date Received: \_\_\_\_\_ Form accepted by: \_\_\_\_\_