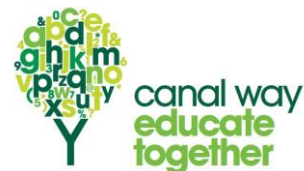


Junior Infants Pre-enrolment Form



Information on children to be pre-enrolled:

Child's First Name: _____

Child's Surname: _____

Date of Birth: DD / MM / YYYY enrolled:

Please indicate school year for which your child is being pre - enrolled

2018 2019 2020 2021 2022

Please note: Children have to be 4 by June 1st for entry to Junior Infant Class.

Parent(s) / Guardian(s) Information:

First Name(s): _____ Surname: _____

Address: _____

Mobile Number: _____

E-mail: _____

First Name(s): _____ Surname: _____

Address: _____

Mobile Number: _____

E-mail: _____

Please note the following:

- *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 Portobello MDS of any change of address, telephone number, or other relevant circumstances.*
 - *I understand that, should the school be in a position to offer my child a place, but 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.*
- ❖ Please contact pmdsenrol@gmail.com with any queries.
 - ❖ Please return form (one for each child) to pmdsenrol@gmail.com
 - ❖ All forms received will be acknowledged by email. If you have not received an acknowledgement within one week please contact pmdsenrol@gmail.com