

Pre-enrolment Form – Non Junior Infant Class



canal way
educate
together

Information on children to be pre-enrolled:

Child's First Name: _____

Child's Last Name/Surname: _____

Date of Birth: DD / MMM / YYYY

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

Senior / 1st / 2nd / 3rd / 4th / 5th / 6th Class : _____ 2017 / 2018 : _____

Name of previous school: _____

Parent(s) / Guardian(s) Information:

First Name(s): _____ Surname: _____

Contact Address: _____

Phone Number(s): _____

E-mail: _____

First Name(s): _____ Surname: _____

Contact Address: _____

Phone Number(s): _____

E-mail: _____

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

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 Canal Way ETNS 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 within 10 days.

Canal Way Together National School, Basin Street, Dublin 8
Enrolment email: pmdsenrol@gmail.com
www.portobelloetns.org
Roll Number: 20430N