

Ashbourne Educate Together
C/O H8A CENTREPOINT, OAK DRIVE, DUBLIN 12

Pre- Enrolment form

INFORMATION ON CHILD TO BE PRE-ENROLLED

Childs Full Name:				
Date of Birth:				
Year for which child is being pre-enrolled:				
Class (please circle):	Junior Infant	Senior Infant	First Class	Second Class
	Third Class	Fourth Class	Fifth Class	Sixth Class

PARENT/GUARDIAN INFORMATION

Name(s):
Contact Address:
.....
Phone Numbers:
e-mail (if applicable):

- Junior Infants must be 4 years of age on or before 31st August in year of pre-enrolment.
- I understand that allocation of places in the school will be strictly on a first come first served basis.
- 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 Ashbourne Educate Together 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 Childs place on the pre-enrolment list.

A copy of the full pre-enrolment rules may be obtained from the Ashbourne Educate Together pre-enrolment officer.

Should you require an acknowledgement, please enclose a stamped addressed envelope. Send all completed application forms to Ashbourne Educate Together, C/O H8a Centrepoint, Oak Drive, Dublin 12.

Signed:

Date:

For Ashbourne Educate Together use only	
Date of receipt of form:	Number:
Signed by:	Year: