

Belmayne Educate Together School, Belmayne Avenue, Dublin 13

Principal: Sinéad O'Meara

Tel/Fax: 01-8296980

belmayneet@gmail.com

secretary.belmayneet@gmail.com

ENROLMENT FORM

INFORMATION ON CHILD TO BE ENROLLED

Child's Full Name:

Date of Birth:
(day/month/year) Female Male

Year for which child is being enrolled:

Class (please circle): Junior Infant Senior Infant First Class Second Class
Third Class Fourth Class Fifth Class Sixth Class

If your child is transferring from another school please provide school name and address:

.....

PARENT/GUARDIAN INFORMATION

Name(s):

Contact Address:

Phone Numbers:

E-mail (if applicable):

- It is advised that your child should be 4 by July 1st of the year they are to start Junior Infants. As the parent, you are best placed to know your child's readiness for school.
- 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 an enrolment form does not guarantee that the child will be offered a place.
- I understand that it is my responsibility to inform Belmayne ETNS 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 child's place on the enrolment list.

A copy of the Enrolment Policy may be obtained from the Chairperson/Principal, Belmayne Educate Together NS.

Should you require an acknowledgement by post, please enclose a stamped self-addressed envelope, otherwise all acknowledgments by email. Send all completed application forms to Belmayne Educate Together National School, Belmayne Norh, Dublin - 13.

Signed:

Date:

For Belmayne ETNS use only

Date of receipt of form:

Number:

Signed by:

Year: