



Enrolment Form

(Please PRINT all details)

Surname of Pupil

First Name of Pupil

Date of Birth

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Gender: Male / Female

Year of Entry _____ Class _____

Childs P.P.S.N

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Address _____

Name of Parent(s) or Adult(s) with Parental Responsibility

Name 1

Mobile Phone Number

Relationship to Pupil

Email address

Name 2

Mobile Phone Number

Relationship to Pupil

Email address

Emergency Contact number other than given above:

Name: _____ Contact No. _____

Details of any brothers or sisters currently attending L.E.T.S

Name:	Class:

Has your child attended another Primary school in Ireland?

If Yes:

Name: _____

Address: _____

Tel. No: _____

Does your child have a statement of Special Needs or Health Issues?

If yes please give details:

Please attach original state birth certificate for the child to this form.

A copy will be taken and the original returned to you.

- ❖ The list determines the priority order for admission.
- ❖ No guarantee of places will be given or implied by pre-enrolment.
- ❖ It is your responsibility to inform the school promptly of any change of address, telephone number or other relevant circumstances.
- ❖ If no response to our offer of a place is received within 14 days you will forfeit your child's place.
- ❖ Please feel free to contact the school if you have any queries or require further information.

Signed: _____ **Date:** _____

Parent/Guardian

Dromdarrig,
Mungret,
061-300889

Email: letsnationalschool@gmail.com