

St. Laurence's National School

Martin's Row Chapelizod Dublin 20

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School Roll no.: 10653E

Rev Ruth Noble Chairperson, Board of Management

Karen Hendy Principal Máirín O'Shea Deputy Principal

NOTIFICATION OF INTENTION TO APPLY FOR ENROLMENT FORM

Please use capitals. All sections must be completed.

Details of Child

Surname:			
First names:			
Date of Birth:	Gender:		
		Male [□]	Female □

Details of Parents/Guardians

Name and Surname:	Name and Surname:
Address:	Address:
Mobile No:	Mobile No:
Work Phone No:	Work Phone No:
Home Phone No:	Home Phone No:

Email:	Email:

Page 1 of 2

Signature of Parents/Guardians

This is not application form and does not form part of the make a record of parents/guardians wishing to enrol the than being in a position to post out application forms at	eir child/children for no other purposes		
I/We wish to give notice of our intention to apply for our (applicant p	•		
for term (month) in the			
accordance with the foregoing information and request that an application form be sent to me/us at the appropriate time.			
I/We understand that this notification places the applicant pupil on a list of those requiring enrolment application forms for the stated term and year. I/We understand that this notification does not offer any preferment to the applicant pupil and does not guarantee any place for him/her either for the term and year requested or for any other term or year.			
I/We understand that it is my/our responsibility to communicate to the school any change in my/our contact details.			
I/We confirm that all the information entered on this form is fully correct to my/our knowledge.			
Signature of parent/guardian(1):	Date:		
Signature of parent/quardian(2):	Date		

In line with good practice, all documentation relating to enrolment forms are kept in manual files which are locked in the filing cabinet each day. All documentation relating to your child's application will remain confidential to the Applications' Committee who act on behalf of the Board of Management.