

Le Chéile Educate Together ETNS Pre-Enrolment Form



Please complete this form in full using block capitals and return it to the school office at enrolments@lecheileetns.com or Mornington Road, Drogheda, A92 KX84

Child's Personal Information

First Name: _____ Surname: _____

(As it appears on Birth Certificate)

Date of Birth: _____ Gender: _____

In which class do you require a place?: _____ Year _____

Sibling already in the school: Yes/ No (please delete as appropriate)

Parent(s) or Guardian(s) Information

Name(s) _____ Mobile _____

Name(s) _____ Mobile _____

Address(es): _____

_____ Eircode _____

Home telephone: _____

Email: _____

I understand the following

- I must post or email this form to the school office.
- That receipt of a pre-enrolment form does not guarantee that a place will be offered.
- It is my responsibility to inform the school of any changes in address, telephone number or other changes to my contact details.

Signed: _____ Parent or Legal Guardian Date: _____

Signed: _____ Parent or Legal Guardian Date: _____

FOR OFFICE Use only

Date of receipt of form _____ Pre-enrolment Number _____

Class _____ Start Year _____ Initials _____