



St. Aidan's N.S, Smithstown, Shannon, Co. Clare 061 363147 www.staidansshannon.ie

Date of Birth:	Child's First Name:	Surname:
Class you wish to enrol you child in	Date of Birth:	Gender:
Pre-school / Primary School attended: Name and class of sibling(s) currently enrolled: Any reports or additional information, which may be helpful to us regarding your child e.g. psychological reports, speech and language reports Name: [] Parent [] Custodian [] Legal Guardian Address: Mobile: Email: Name: [] Parent [] Custodian [] Legal Guardian Address: Mobile: Email: I understand that the completion of a pre-enrolment form does not guarantee that my child will be offered a place I understand that St. Aidan's N.S. will contact me in regarding formal registration and completion of full enrolment forms by March / April in the year my child is due to start school. I understand that it is my responsibility to inform the Board of Management 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 21 days of that offer being made I will have forfeited my child's place BOTH LEGAL GUARDIANS MUST SIGN THIS FORM AND COPY OF BIRTH CERT MUST BE FURNISHED WITH THIS APPLICATION OTHERWISE THE APPLICATION CANNOT BE CONSIDERED Signed: Signed: Signed: Signed: Signed: Signed: Signed:	Address:	
Name and class of sibling(s) currently enrolled:	Class you wish to enrol you child	l in
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Name: []Parent []Custodian []Legal Guardian Address:		
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