



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



Child's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address: _____

Class you wish to enrol you child in _____

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: _____

Date: _____ Date: _____