Clonbonny National School

**Application FORM**

INFORMATION ON CHILD TO BE PRE-ENROLLED (Please use block capitals)

Child’s Full Name:

 Date of Birth: 

 Pre-enrolment Year: 2024/2025 

 Class for which child is being pre-enrolled:

If pre-enrolling for non Junior Infant class,

Name of school in which child is presently enrolled: 

PARENT/GUARDIAN INFORMATION (Please use block capitals)

 Name(s):

 Contact Address:

 

Phone Numbers:

Home: Mobile: e-mail: 

Bottom of Form

* To enter a Junior Infant class, a child must be 4 years old before the start of the school year.
* I understand that allocation of places in the school will be strictly on application number.
* I understand that the receipt of a pre-enrolment form **does not** guarantee that the child will be offered a place.
* I understand that it is my responsibility to inform the School 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 14 days of that offer being made, I will have forfeited my child’s place on the pre-enrolment list for 2024/25.

A copy of the full pre-enrolment and admissions policy is on our website or may be obtained from the School.

(Parents / Guardians) Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

All forms should be returned to the Principal at the school address. Clonbonny NS, Clonbonny, Athlone, Co. Westmeath.

For School Use only:

Year: Class: Number:

Signed by: Date: