

KILDARE PLACE SCHOOL

REGISTRATION OF INTENTION TO MAKE APPLICATION FOR ENROLMENT

Requested Date of Entry - _____ (Please indicate month /year)
Class in which you would like your child to be enrolled : _____ class.

CHILD'S NAME.

ADDRESS:
.....

DATE OF BIRTH:

PARENTS/GUARDIANS' NAME

PHONE NO. (Home) (Parent 1- Work or Mobile).....
(Parent 2-Work or Mobile).....

E-MAIL : (For receipt of this form)

SCHOOL (IF ANY) ATTENDING AT PRESENT

We/I understand this registration places the applicant pupil on a list of those requesting application forms for the year stated. **We/I understand that this registration 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.** The school will make a record of parents wishing to enroll their child/ren for no other purpose than being in a position to post out application forms at the appropriate times. **(You must notify the school of any change of address.)**

We/I wish to give notice of our intention to apply for enrolment in respect of _____ (applicant) to Kildare Place School in the school year _____ in accordance with the foregoing information and request that an application form be sent to me/us at the appropriate time.

.....
Signature of Parent/Guardian

.....
Date

.....
Signature of Parent/Guardian

.....
Date

Information about the procedures involved in applications to the school are available on
the school website – www.kildareplace.ie