



LUCAN COMMON ENROLMENT APPLICATION FORM

for

ADAMSTOWN CASTLE ETNS, ESKER ETNS, GRIFFEEN VALLEY ETNS, LUCAN EAST ETNS

JUNIOR INFANT 2020 APPLICATION FORM

PLEASE FILL OUT THIS FORM IN BLOCK CAPITALS

Child's First Name: Child's Surname:

PPS No.: Date of Birth:/...../20..... Male/Female:

(Junior Infant children must be at least 4 years old on 1st September of enrolment year)

Pre-School/Previous School Attended:

PARENT/GUARDIAN INFORMATION

.....
Parent/Guardian's First Name Parent/Guardian's Surname Mobile No. Home Tel. No.

.....
Parent/Guardian's First Name Parent/Guardian's Surname Mobile No. Home Tel. No.

Home Address:

..... Eircode:

Email Address (Block Capitals):

OTHER FAMILY APPLICATIONS

Are you making an application for any other of your children for the school year 2020-2021? Yes No

Child's name: Class 2020:

Child's name: Class 2020:

SIBLING INFORMATION

(If you do not wish to avail of sibling priority, please leave this section blank)

Do you have other children enrolled in any of the four stated Educate Together schools? Yes No

If yes, state sibling's name, class and school in which he/she is attending:

Sibling's name: Class: School:

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- I understand that allocation of places in the schools will be strictly on the enrolment criteria as set down in our Lucan Common Enrolment Policy (available on the school websites) and that places are offered using the following criteria: age/sibling/proximity
- I understand that the complete, signed and stamped copy of this application form is the acknowledgement of my application.
- I understand that receipt of the application form DOES NOT guarantee that the child will be offered a place.
- I understand that it is my responsibility to inform the school of application, of any changes in address, telephone number or other circumstances.
- I understand that if I do not confirm the acceptance of offer for my child within the 14 days of that offer being made, I have forfeited my place on the pre-enrolment list.
- I declare that I have read the Lucan Common Enrolment Policy and I understand that my child's place may be forfeited if the information submitted is not true and accurate.
- I understand that on acceptance of a place to a particular Educate Together school, I will be required to fully support the school's Code of Behaviour, Anti Bullying Policy and Educate Together Ethos.
- I consent to my child's data being collected, processed and used in accordance with Data Protection Acts 1988 to 2018 and I understand that the information may be shared with other primary schools in the area.

Signed.....by Parent/Guardian Date:

Signed.....by Parent/Guardian Date:

PLEASE SUPPLY THE ORIGINAL BIRTH CERTIFICATE OF THE CHILD AND TWO CURRENT UTILITY BILLS DATED WITHIN TWO MONTHS OF THE APPLICATION

FOR SCHOOL USE ONLY

Date of receipt of form

Signed by Secretary/Principal

Birth certificate supplied Yes/ No

Two proofs of address supplied Yes/No