

Second Level Educate Together Waterford

Pre-enrolment Form

Please complete this form in full, using BLOCK CAPITALS.

Return completed form to: Second Level Educate Together Waterford,
c/o Waterford Educate Together N.S., Morrissons Avenue, Tycor, Waterford.

Child's Information:

Child's Full name _____

The child's name recorded on this form must be the same as his/her birth certificate.

Date of birth (dd/mm/yyyy) _____

Start Year for which child is being enrolled _____

Class for which child is being enrolled _____

Name of Current Primary School _____

Parent/Guardian Information:

Name: _____

Contact address: _____

Telephone/Mobile: _____

E-mail: _____

- I understand that allocation of places in the school will be strictly on application date order.
- 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 or telephone number.
- The Enrolment Policy is being drafted.*

Parent/Guardian Signature: _____ Date: _____

For Pre-Enrolment Use only:

Date of receipt of form: _____ Number: _____ Signed by: _____ Year: _____

Name of child	Date of Birth	Entry year	Entry Class	Code (Office use)