**Pre-Enrolment Form**

This is a pre-enrolment form only. Completion and submission of this form does not guarantee a place in the school. Please print and fill out this form. The form can be emailed or posted to the school.

**What school year do you wish to enrol?**

**Child’s Name:**

**Gender:**

**Date of birth:**

**Address:**

**Eircode:**

**Nationality (can be duel):**

**First language/Language spoken at home:**

**Previous School:**

**Mainstream or ASD Unit, please specify:**

**Does your child have special educational needs? Describe briefly:**

**Does your child have any medical conditions or allergies:**

**I give parental consent to share level 2 data (ethnic or cultural background and Religion) with DES if enrolled:**

**Does the above child have a sibling in the school:**

**Current Pre-school or school:**

**Parent/Guardian (1/Mother)– Name:**

**Email: Mobile Number:**

**Parent/Guardian (2/Father)– Name:**

**Email: Mobile Number:**

**I have read and agree to the school enrolment policy: Yes/No**

Please submit to the school by post or email to:

Caherline National School, Caherline, Caherconlish, Co. Limerick, V94 KX74

Email: secretary@caherlinens.ie

A more detailed enrolment form will be forwarded to you prior to admission.