



Application Form

*Please note that this is not an offer of a place. Following receipt of your completed application form we will require you to confirm your interest in the February preceding the proposed enrolment.

Please see our enrolment policy at www.castlegarns.ie

Child's name: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: Religion
Address: 	Home phone number:
	Mobile :
	E-mail:
Name and occupation of Father and/or Mother	
Father Occupation Work phone number	Mother Occupation Work phone number
Name and address of school or playschool previously attended:	Due to enrol at Castlegar NS September _____ for _____ class
<ul style="list-style-type: none">• I have read the above information and understand that completion of this application form does not guarantee enrolment of my child at Castlegar NS.• 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. <p>Signed: _____ (Parent/Guardian) Date: _____</p>	

Castlegar NS N.S. fully supports the integration of children with special needs in mainstream education, and is actively pursuing adequate resources to facilitate this. If your child has special needs which require additional assistance or resources, please indicate below. This is to enable the school to ensure that such assistance/resources will be in place when your child begins school.

For school use only	
Date received	
Date acknowledged	

