

CASTLEBLAKENEY NATIONAL SCHOOL

Castleblakeney, Ballinasloe, Co. Galway.

Roll Number 16464I

Phone: 090-9678433

Email: gallachns@hotmail.com www.castleblakeneyns.ie

EXPRESSION OF INTEREST FORM

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child. Please note that completion of this form does not guarantee enrolment in our school. This form will inform us of your interest in enrolling your child in our school in the future. The definitive enrolment form with further details can be filled in at a later date.

Name of Child: (First Name) _____
(Surname) _____

Date of Birth: _____

Gender: _____

Place of Birth: _____

Child's PPS Number: _____

Mother's First Name & Maiden Surname:

Mother's Email Address:

Mother's Mobile Number:

Mother's Occupation:

Father's First name & Surname:

Father's Email Address:

Father's Mobile Number:

Father's Occupation:

Year that your child will be starting school:

Are either parents past pupils of our school:

Mother: Yes No

Father: Yes No

Does your child have siblings currently attending our school:

Yes:

No:

Home Address:

Pre School/ Previous Schools Attended:

Arrangements to be made if your child is ill at school:

Name of Family Doctor:

Child's Name:

Does your child have any medical conditions or attend any services?

Yes:

No:

If answer is "yes" to previous question, please give further details:

Any other relevant information:

Signed (Please type your first and last name)

*Please note this is a form expressing interest in our school only. An enrolment form with a written signature can be completed at a further date.

Kind Regards,

Anna Maher.
(School Principal)