

Cahergal National School - Expression of Interest in Enrolment
Expression of Interest in Enrolment
S N Cathair Geal
Tuam, Co. Galway
Phone: 093 49364
Email: cahergalns@gmail.com

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Name of Child

Date of Birth

Gender

Place of Birth

Child's PPS No.

Mother's name & Maiden name

Mother's Email Address

Mother's Mobile No.

Mother's occupation

Father's Name

Father's Email Address

Father's Mobile No.

Father's occupation

Year child begins school

Are either parents past pupils?

Please state their names and years attended

Does your child have siblings who have or are attending the school ?

Please give details

Home address

Pre-school / previous school attended

Arrangements to be made if child is ill in school

Name of family doctor

Irish version of child's name

Does your child attend any of the following? Please tick

- Speech and language therapist
- Occupational therapist
- Early Childhood Services
- Other (please specify)
- None of the above

More information about services attended:

Any other relevant information:

Signed (Please type your first and last name)

Date

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****Please note completion of this form does not guarantee enrolment and an enrolment form will need to be completed closer to the enrolment date**

Data received on this form will be stored on our electronic system and used for school purposes only.