

<b>OFFICE USE ONLY:</b>	Date:	Time:	Pre-enrolment No:	Year:	Initial:
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## Powerstown Educate Together National School

Roll Number: 20384J  
 Powerstown Road, Tyrrelstown, Dublin 15.  
 Telephone: 01 8272018  
 Email: [info@powerstownet.com](mailto:info@powerstownet.com)  
 Web: [www.powerstownet.com](http://www.powerstownet.com)

### Expression of Interest in Enrolment Form: MAINSTREAM ONLY

First Name:	Surname:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Year: 2015/2016 <input type="checkbox"/> 2016/2017 <input type="checkbox"/> 2017/2018 <input type="checkbox"/> 2018/2019 <input type="checkbox"/> 2019/2020 <input type="checkbox"/>	
Class: Junior Infants <input type="checkbox"/> Senior Infants <input type="checkbox"/> First Class <input type="checkbox"/> Second Class <input type="checkbox"/> Third Class <input type="checkbox"/> Fourth Class <input type="checkbox"/> Fifth Class <input type="checkbox"/> Sixth Class <input type="checkbox"/>	
Does your child have any medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have any Behaviour issues / Special Needs / Learning Needs / Developmental delays? Yes <input type="checkbox"/> No <input type="checkbox"/> Please note that you <b><i>MUST inform the school</i></b> if any concerns have arisen in relation to your child's development and/or learning. This is to ensure we can have adequate supports in place for your child.	
If 'Yes' please specify:  <div style="text-align: right;">Reports enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/></div>	
Name of pre-school/previous school	Contact no of pre-school/previous school
What languages are spoken at home?	
Any other relevant information?	

*Should there be any other confidential information you do not wish to put on this form, please make an appointment with the Principal.*

#### PARENT/GUARDIAN INFORMATION:

Guardian 1 - Name:	Guardian 2 - Name:
Occupation:	Occupation:
Contact Number:	Contact Number:
Address:	
Primary phone number: (To receive text messages)	
Primary email address (BLOCK LETTERS PLEASE):	

**I give permission for the school to contact my child's preschool / previous school or relevant health care personnel prior to enrolment.**

<b>Signature</b>	<b>Date</b>
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***I UNDERSTAND THAT ANY MISINFORMATION WILL DEEM THIS PRE-ENROLMENT INVALID***

#### EXPRESSION OF INTEREST IN ENROLMENT GUIDELINES

I have been made aware of and read the school's Enrolment Policy. I understand that completion of this form does not guarantee or constitute an offer of a place in PETNS or offer of a position on a waiting list. I understand that it is my responsibility to inform Powerstown Educate Together of any change of phone number, email address, postal address, telephone number, or other relevant circumstances. I understand that if I have not replied to the confirmation of interest in application email/letter for my child within 14 days of that letter being sent, which will be issued during the first week of November, that I will not be forwarded registration form. I understand that these registration forms will be made available to me from third week of November