



## **Scoil Cheile Chríost Rathmore N. S.**

Rathmore, Naas, Co. Kildare

**Telephone:** 045 862145 **Fax:** 045 862952

**Email:** [office.rathmorens@gmail.com](mailto:office.rathmorens@gmail.com)

**Web:** [www.rathmorens.ie](http://www.rathmorens.ie)

**Principal:** Mr. Robbie Jameson

**Deputy Principal:** Ms. Erika Roche

# Form of Enquiry

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Proposed Year of Entry: \_\_\_\_\_

Gender: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Nationality: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

### **Submission of completed Form of Enquiry does not guarantee Admission.**

We understand that this registration places the applicant pupil on a list of those requiring enrolment application for the year stated. I/We understand that this registration does not offer any preferment to the applicant pupil and does not guarantee any place for him/her either for the year requested or for any other year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian

A full Application Form will be made available before the pre-Easter (during proposed year of entry) meeting of the Board of Management. Decisions will be made no later than 21 days after receipt of the Enrolment Applications at which time parents/guardians will be informed in writing.