

C.B.S. PRIMARY SCHOOL, NEW ROAD, ENNIS, CO. CLARE.

Founded 1827

Phone: 065-6822150

E-Mail: cbsennis@gmail.com

Web Address: www.cbsennis.com

Roll No. : 16677C

Principal: Dara Glynn

ENROLMENT FORM

<p>Child's Surname.</p> <hr/>	<p>Address:</p> <hr/> <hr/> <hr/>								
<p>Child's First Name:</p> <hr/>	<p>Eircode _____</p>								
<p>Male: <input type="checkbox"/> Female: <input type="checkbox"/></p>	<p>Father's Name. _____</p>								
<p>Date of Birth:</p> <hr/>	<p>Father's Mobile. _____</p>								
<p>P.P.S</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<p>Mother's Name. _____</p>
	<p>Mother's Mobile _____</p>								
	<p>E-mail _____</p>								
	<p>NOTE: Please inform the school in writing if your contact details or address changes.</p>								

<p>Does your child currently have a sibling in the school?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table><thead><tr><th>Name</th><th>Class</th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	Name	Class	_____	_____	_____	_____	_____	_____	<p>Are either parents / guardians past pupils of C.B.S. Primary School?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes then complete the following:</p> <p>Name when attending school.</p> <p>_____</p> <p>Years of attendance.</p> <p>_____</p>
Name	Class								
_____	_____								
_____	_____								
_____	_____								

I /we being the parent / guardian of _____ wish to apply to enrol our child in C.B.S. Primary School to commence Junior Infants in the school year _____.

(Parents/ Guardians)

Date: _____