

Gortnahoe N.S Enrolment Application Form 2024/2025

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Enrolment in (*Please tick accordingly*)

Mainstream							
Junior Infants		Senior Infants		1 st Class		2 nd Class	
3 rd Class		4 th Class		5 th Class		6 th Class	
Special Class for Children with Autism DSM IV/V or ICD-10 diagnostic criteria diagnosis.							
<i>Please include a copy of the Diagnostic Report</i>							
Junior Infants		Senior Infants		1 st Class		2 nd Class	
3 rd Class		4 th Class		5 th Class		6 th Class	

Please note at present there are no places available in our Special Classes.

Address (at which the applicant resides) _____

Name and class of Sibling(s) currently enrolled:

Parish in which the applicant resides

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____

Email. _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____

Email. _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Completed enrolment applications must be returned to Gortnahoe N.S. no later than 3 p.m. on Friday, the **23rd of February, 2024.**