PEL Application Date: _____

(Date PEL Form received)

Kill Avenue, Dun Laoghaire, Co. Dublin. Tel: (01) 230 3696 Email: enrolment@metns.ie Website: www.metns.ie

LATE APPLICATION PRE-ENROLMENT APPLICATION FORM

SENIOR INFANTS - 6TH CLASS 2023/24

Complete and return to the school office for the attention of the Pre-Enrolment Co-ordinator

PLEASE WRITE CLEARLY IN BLOCK CAPITAL LETTERS

CHILD'S SURNAME:	SEX: M F
CHILD'S FIRST NAME:	_
DATE OF BIRTH (DD/MM/YY):	
NAMES OF PARENTS/GUARDIANS	CONTACT NUMBERS
PARENT/GUARDIAN 1 :	MOBILE:
PARENT/GUARDIAN 2:	MOBILE:
ADDRESS:	HOME:
Application for entry toCla	ass 2023/24
Siblings/staff currently enrolled in METNS	
Name of School in which the child is currently enrolled:	
I/We are aware of the school's enrolment policy, available at www.metns.ie	
Signed: Parent/Guardi	ian Date:
FOR SCHOOL USE ONLY	

PIN NUMBER: _

(Personal Identification Number)

_ ACKNOWLEDGED:__