



## **LATE APPLICATION PRE-ENROLMENT APPLICATION FORM**

### **SENIOR INFANTS – 6<sup>TH</sup> CLASS 2024/25**

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**

PARENT/GUARDIAN 1 : \_\_\_\_\_

PARENT/GUARDIAN 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **CONTACT NUMBERS**

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME: \_\_\_\_\_

Application for entry to \_\_\_\_\_ Class 2024/25

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](http://www.metns.ie)**

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

#### **FOR SCHOOL USE ONLY**

PEL Application Date: \_\_\_\_\_