Scoil Cheile Chriost Rathmore N. S.

Rathmore, Naas, Co. Kildare

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

Email: office.rathmorens@gmail.com

Web: www.rathmorens.ie

Principal: Ms. Lucy Travers

Deputy Principal: Ms. Caitriona Lancaster

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.