



Phone: 028-37500

Fax: 028 37976

Notification of Intention to Apply Form

NAME OF CHILD: _____ DATE OF BIRTH: _____

DATE OF PROPOSED ENTRY TO THE SCHOOL: _____

PARENT(S) / GUARDIAN(S)
NAME(S): _____

ADDRESS: _____

TELEPHONE NOS. _____

HOME: _____ WORK: _____ MOBILE: _____

I/We wish to give notice of our intention to apply for enrolment in respect of _____ applicant pupil to St. Matthias National School for _____ term in the year _____ in accordance with the foregoing information and request that an application form be sent to me/us at the appropriate time.

I/We understand this notification places the applicant pupil on a list of those requiring enrolment applications for the term and year stated. I/We understand that this notification does not offer any preferment to the applicant pupil and does not guarantee any place for him/her either for the term and year requested or for any other term or year. I/We understand that it is our responsibility to communicate to the school any change in our correspondence address.

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian