

**HOLY TRINITY NATIONAL SCHOOL**

Newport Road, Westport, Co. Mayo

Tel 098 27216

**Intention to Apply Form**

This is not an application form and does not form part of the selection process. The school will make record of persons wishing to enrol their child / children for no other purpose than to post / email application forms at the appropriate time.

Child’s Name

Child’s Address

Parent / Guardian’s address

(if different to that of the child)

Date of Birth Gender

Proposed year of Entry Proposed Class

Previous Schools Attended
(if applicable)

Present Class (if applicable)

Parent / Guardian

Mobile No Email

Parent / Guardian

Mobile No Email

**PARENTS’ / GUARDIANS’ DECLARATION**

I / We wish to give notice our intention to apply for enrolment in respect of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Holy Trinity National School for term one in the school 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 that this notification places the intending applicant pupil on a list of those requiring enrolment applications for the stated term and year.

I / We understand that this notification does not offer any priority whatsoever to the applicant pupil nor does it 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 postal and email addresses for correspondence.

I / We consent for the school to retain personal information for as long as it is necessary to fulfil the purposes the information was collected for, including any legal, accounting or reporting requirements.

Signed: Parent / Guardian

Signed: Parent / Guardian

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For Office Use Only

Date Application Received:

Received by:

Please check the school website or contact the school for closing date for receipt of Intention to Apply forms.