Appendix 1.

EXPRESSION OF INTEREST FORM- School Year 2025/2026

Name of Child (in full, as on Birth Certificate):	
Address at which child resides:	
Eircode:	
	Date of Birth:
Nationality:	Country of Birth:
Father's Name:	Telephone No:
Father's email:	
	Telephone No:
Mother's email: Did your child attend preschool:	For how long:
Is your child enrolled in another school: Y If yes, please state school's name and date	, ,
Has your child ever had a psychological a the psychological report must be attached	ssessment? Yes (Please note that a copy of ed to this form)
_	a place or implication of a guarantee of a place ed on the basis of a psychological report provided 2 years old).
Office Use Only:	
Received on (please insert date):	