

# OLD BOROUGH NATIONAL SCHOOL, SWORDS.

## INTENTION TO ENROL FORM



Please complete all parts of the form using BLOCK CAPITALS.

Return the completed form to:

*The Old Borough National School, Church Road, Swords, Co. Dublin;*

or email it to: [enrolmentobs@gmail.com](mailto:enrolmentobs@gmail.com)

Child's name (in full): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of proposed entry: \_\_\_\_\_

Parents' names:

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number (Parent 1): \_\_\_\_\_

Mobile telephone number (Parent 2): \_\_\_\_\_

Email address (Parent 1): \_\_\_\_\_

Email address (Parent 2): \_\_\_\_\_

I/We wish to register an application for enrolment of the above pupil to The Old Borough National School.

I/We understand this registration places the applicant on a list of applications for the year stated.

I/We understand this registration does not offer any preferment to the applicant pupil and does not guarantee any place for him/her for the year proposed or any other year.

Both parents are required to sign the form:

Parent 1: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Dated: \_\_\_\_\_