



Scoil Chríost Rí

Cloughleigh Road, Ennis, Co Clare, V95YD26

Tel: 065 6820105 Email: secretary.criostri@gmail.com

Expression of Interest Form 2024/2025

Pupil Details

First Name _____ **Surname** _____

Date of Birth _____ **Gender (tick)** Male ___ Female ___

Address at which pupil normally resides

(Please refer to Enrolment Policy in relation to Proof of Address)

Entry Class

Junior Infants

Third Class

Senior Infants

Fourth Class

First Class

Fifth Class

Second Class

Sixth Class

Sibling(s) currently enrolled in Scoil Chríost Rí

Name

Class

*Please fill out both sides of this form

Parent(s)/Guardian(s) Details

Name: _____

Relationship to child: (tick as appropriate) Parent ___ Legal Guardian ___ Custodian ___

Address: (include Eircode) _____

Home Tel: _____ Mobile: _____

Signature: _____ Date: _____

Name: _____

Relationship to child: (tick as appropriate) Parent ___ Legal Guardian ___ Custodian ___

Address: (include Eircode) _____

Home Tel: _____ Mobile: _____

Signature: _____ Date: _____