

Scoil Chríost Rí

Cloughleigh Road, Ennis, Co Clare, V95YD26

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

Expression of Interest Form 2025/2026 Pupil Details

First Name		Surname _			
Date of Birth		Gender (tick) N	//ale	Female	
Address at wh	ich pupil normally resides				
	(Please refer to Enrolment	Policy in relation to I	Proof of Addre	ess)	
Entry Class					
Junior Infants		Third Clas	ss		
Senior Infants		Fourth Cl	ass		
First Class		Fifth Clas	s		
Second Class		Sixth Clas	ss		
Sibling(s) currently enrolled in Scoil Chríost Rí					
Name		Class			
				-	
				-	
				-	

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)	ParentLegal Guardian Custodian
Address: (include Eircode)	
Home Tel:	Mobile:
Signature:	Date: