Scoil Chríost Rí

Cloughleigh Road, Ennis, Co Clare, V95YD26
Tel: 065 6820105 Email: secretary@criostri.com

Expression of Interest Form 2026/2027

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:** _____