



Expression of Interest Form- School Year 2026/2027

Please return this form to the above address, together with a Birth Certificate and a copy of the child's medical and/or psychological reports.

(These will be copied and the original returned to you)

Child's full name:	
Address at which the child resides:	
Eircode:	
Date of Birth:	
Nationality:	Country of Birth:
Mother/Guardian's Name:	Telephone Number:
Mother/Guardian's Email:	Father/Guardian's Email:
Father/Guardian's Name	Telephone Number:
Did your child attend preschool: Yes ☐ No ☐	
For how long: _____	
Is your child enrolled in another school?	
Yes ☐ No ☐	
If yes, please state the school's name and date of enrolment:	
Has your child ever had a psychological assessment? Yes ☐ No ☐	
(A copy of the psychological report must be attached to this form)	
<u>Please Note –</u>	
1. This form is not a guarantee of a place or implication of a guarantee of a place.	
2. Applications will only be accepted on the basis of a psychological report provided by a qualified professional (Maximum 2 years old).	

Office Use Only

Received on (please insert date):