



**EXPRESSION OF INTEREST IN A PLACE IN SCOIL ÍDE SALTHILL GALWAY**

Intended Year of Entry:	
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**PLEASE NOTE: This is neither an offer nor a guarantee of a place in Scoil Íde.**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

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

Email address:

Telephone number: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Sibling in the school    YES     No

Is mother or father a past pupil?    YES     NO

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**Office use only**

Date received:

Time received: