



**Wicklow Montessori Primary School
Ballyguile, Wicklow
Co. Wicklow, Ireland**

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PRESCHOOL/ ECCE APPLICATION FORM

Thank you for your interest in our Preschool/ ECCE class.

Name of Child (in full): _____ Gender _____

Preferred Entry Date: _____ Date of Birth: _____

Child's Address: _____ PPS number _____

Parent/Guardian Name: _____

Email: _____

Tel No: (M): _____ (W): _____

Parent/Guardian Name: _____

Email: _____

Tel No: (M): _____ (W): _____

Names of Siblings: _____ Age _____

_____ Age _____

_____ Age _____

Where did you hear about Wicklow Montessori Primary School? E.g. recommendation, Facebook, website, etc.?

ECCE Participation:

Children are eligible to start the ECCE Scheme once they have reached 2 years and 8 months of age by 31st August

Please indicate if you are availing a place under the ECCE Scheme for your child yes/no.

Any developmental/educational concerns, or formal assessments, relevant to your child

Yes ___

No ___

If yes, please give details below and also enclose any relevant documentation that may assist us:

Has your child received AIM support?

Yes ____

No ____

It is important to disclose full information including any developmental reports for your child. Failure to disclose this may result in our school not being in a position to meet the needs of your child.

We hereby apply for our Child to be admitted to Wicklow Montessori Preschool ECCE class and we accept the following conditions:

We understand that the Montessori Preschool / ECCE class is a feeder class for WMPS. To secure your place on the waiting list for Junior Infants please complete the attached application form. Places are limited due to demand and our small class sizes.

In the event of my child/children being offered a place in the school, I have read and understand the school rules and I agree to abide by them.

Signature of Parent or Guardian: 1.) _____

2.) _____

Date of Application: _____

Both Parents/Guardians must sign this form in order for it to be considered

Please complete and return this form to Dara Mulhall, Principal, at the above address.

For Office Use:

Date Received: _____

Acknowledged: _____

Accepted: _____