Midleton College
Connolly Street
Midleton
Co Cork
Tel: +353(0)21-4631146
Email: office@midletoncollege.ie

Notice of Intention to Apply for a Place at Midleton College

Forename of Child: _____ **Surname:** _____

Date of Birth: _____

Current School: _____ **Grade:** _____

Proposed Year of Entry: September 20 _____

(i) Name of Parent/Guardian: _____

Home Address: _____

Contact Number(s): _____

Email (one character per box) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(ii) Name of Parent/Guardian: _____

Home Address: _____

Contact Number(s): _____

Email (one character per box) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please return the completed Form to the College together with a non-refundable Registration Fee of €90 per applicant and a copy of the applicant's Birth Certificate.

I/We wish to give notice of our intention to apply for enrolment in 1st Form at Midleton College in respect of ……..…… in accordance with the foregoing information and request that an Application Form be sent to me/us at the appropriate time. I/We understand this Notice of Intention to Apply places the pupil on a list of those requiring enrolment applications for the year stated. I/We understand this notification does not offer any preferment to the applicant pupil and does not guarantee any place for him/her either for the year requested or for any other year. I/We understand it is our responsibility to communicate to the school any changes in my/our contact information.

(i) Signed: _____ **Date:** _____

(ii) Signed: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Birth Cert received ……..……..…….…….. Registration Fee Paid ……..…..……