



REGISTRATION FORM

Please complete all sections:

Name of Child (in full) _____ (Boy/Girl)

Date of Birth _____

Proposed Term and Year of Admission _____ Age at entry: _____

Please note for entry into the Montessori Department children must be at least 3 years before 1st Sept, 1st Jan or 1st April of term of entry. Prep Department children must be at least 6 years of age before 1st September in year of entry into Form I

Name of Parents _____

Address _____

Telephone (home) _____ (work) _____

Mobiles: _____ (Father) _____ (Mother)

E-mail _____

Current School (if applicable) _____

Mother's / Guardian's signature: _____

Father's / Guardian's signature: _____

Date: _____

Where did you hear about Castle Park? e.g. recommendation, website, relocation agency etc?

Please return this completed form, together with the non-refundable registration fee of €100 to:

The Admissions' Secretary, Castle Park School, Castle Park Road, Dalkey, Co Dublin