COMHALTAS

## BORD CHONTAE ÁTHA CLIATH

## CLASAC SCHOOL OF EXCELLENCE MASTER CLASSES

## Funded by Meitheal, Eastern Region.

# APPLICATION FORM

NAME OF APPLICANT:_____

ADDRESS:_____

_____

COMHALTAS BRANCH:_____

MEMBERSHIP NUMBER:_____

PARENT NAME AND PHONE NUMBER_____

EMAIL _____

EMERGENCY PHONE NUMBER (Not Pupils Please)_____

I agree that my son/daughter will attend all of the Classes.

SIGNED PARENT_____

Short Report from Current Teacher re Standard:

Signed:_____