

**Expression of Interest Form**

If you would like a place in Larkin Community College please complete the form below and we will be in contact with you in due course.

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**Child’s Name:**

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**Date of Birth:**

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**Parent/Guardian Name:**

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**Address:**

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**What year group are you applying for? Please tick the appropriate box**

**1st Year 2nd Year 3rd Year 4th Year 5th Year 6th Year**

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**What is your email address?**

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**What is your phone number?**

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**What school is your child currently in?**

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**What class is your child currently in?**

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**Who is your child’s teacher/principal?**

**Please email your expression of interest to** **admissions@lcc.cdetb.ie**