

**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.

|  |
| --- |
|  |

**Child’s Name:**

|  |
| --- |
|  |

**Date of Birth:**

|  |
| --- |
|  |

**Parent/Guardian Name:**

|  |
| --- |
|  |

**Address:**

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

**What is your email address?**

|  |
| --- |
|  |

**What is your phone number?**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

**Please email your expression of interest to** [**admissions@lcc.cdetb.ie**](mailto:admissions@lcc.cdetb.ie)