SCHOOL INFORMATION SHEET

Please return by fax [NUMBER]// e-mail [EMAIL]

Or post to [NAME] Draíocht, Blanchardstown Centre, Dublin 15.

TEACHER'S NAME:

SCHOOL NAME:

CLASS GROUP: (1st class, 2nd class etc)

NO OF STUDENTS IN GROUP:

NO OF TEACHERS:

ARE THERE ANY SPECIAL NEEDS OR SENSITIVITIES OF WHICH YOU FEEL WE SHOULD BE AWARE? PLEASE GIVE DETAILS

All information will remain in confidence www.draiocht.ie