



Parents Association of Community and Comprehensive
Schools

Cumainn Tuismitheoiri Scoileanna Pobail agus Scoileanna
Cuimsitheacha.

Name of School: _____ **No. of Students:** _____

Name of Parents' Association: _____

Name & Address of Secretary: _____

Phone: _____ **email:** _____

Name & Address of Chairperson: _____

Phone: _____ **email:** _____

Name & Address of Treasurer: _____

Phone: _____ **email:** _____

Affiliation Fee - €230 per annum

* **PACCS Representatives:** _____

{*These names may be changed at the discretion of the Parents Assoc.}

Occasionally we are requested to furnish the names and addresses of the secretaries of our P.A.s to National Parents' Council - post primary to enable them to correspond directly with you. If you do not wish that I would give your name please indicate this by ticking the box.

Student Council – Contact Name: _____

Contact Number: _____

Return Affiliation Forms to:

Ms Connie Carolan
John Street,
Ardee,
Co Louth