

## Christmas with Covid'19

### Co. Donegal Education Centre Story Competition Application Form

<b>Sector</b> (Primary / Post Primary) (Please tick the relevant box)	<b>Primary</b>	<b>Post Primary</b>
<b>Full Name</b>	<b>First Name</b>	<b>Last Name</b>
<b>School Name, Address &amp; Roll Number</b>		
<b>Class/Year</b>		
<b>Age on 22<sup>nd</sup> of January 2021</b>		
<b>Phone number of Parent</b>		
<b>Name of Parent</b>	<b>First Name</b>	<b>Last Name</b>
<b>E-mail Address</b>		
<b>Postal Address</b>		

*Please tick here to confirm your consent for your child to participate in a Zoom call if he / she should win a prize and that his / her entry may appear in a Co. Donegal Education Centre publication in the future.*