

# Thomond Primary School, Ballynanty, Limerick

R.N 20460W

---

## ENROLMENT APPLICATION FORM

Enrolment Year: \_\_\_\_\_

Child's name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Gender: \_\_\_\_\_

Address at which the applicant resides:

\_\_\_\_\_

Name and class of siblings currently enrolled:

\_\_\_\_\_

\_\_\_\_\_

### Parents / Guardians Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature 1: \_\_\_\_\_

Signature 2: \_\_\_\_\_

Date: \_\_\_\_\_

Completed enrolment applications must be returned to Thomond Primary School on or before 29<sup>th</sup> March 2019.

Tel: (061) 452755

E mail: [thomondps@gmail.com](mailto:thomondps@gmail.com)