

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 26th February 2021.

Tel: (061) 452755

E mail: thomondps@gmail.com