



Thomond Primary School

Ballynanty Rd; Limerick.

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 28th February 2025

Tel; 061-452755

Email; principal@thomondps.ie
office@thomondps.ie

Roll number; 20460W