



Thomond Primary School

Ballynanty Rd; Limerick. V94 C2R7

ENROLMENT APPLICATION FORM

Junior Infants

2027/'28 Academic Year

Child's First Name: _____ Surname: _____

Date of Birth: ____/____/____ Gender: _____ PPSN: _____

Address at which the applicant resides:

Name and class of siblings currently enrolled:

Preschool transferring from: _____

Parents / Guardians Details:

Name: _____

Address: _____ Eircode: _____

Mobile No.: _____ Email address: _____

Name: _____

Address: _____ Eircode: _____

Mobile No.: _____ Email address: _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Completed enrolment applications should be returned to Thomond Primary School by post or email.

Applications should be accompanied by proof of address and birth certificate

Tel; 061-452755

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

Roll number; 20460W