

# Enrolment Application Form

## Mainstream Classes

## Killinure N.S. 2027

Pupil's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (at which the applicant resides): \_\_\_\_\_

\_\_\_\_\_

Name and class of Sibling(s) currently enrolled: \_\_\_\_\_

Class which the applicant is applying for: \_\_\_\_\_

Parish in which the applicant resides: \_\_\_\_\_

### **Parent(s)/Guardian(s) Details:**

Name: \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Name: \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_

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

Completed enrolment applications must be returned to **Killinure N.S., Killinure, Brittas, Boher, Co. Limerick** or [office@killinurens.ie](mailto:office@killinurens.ie) no later than **2.40pm** on **29th January 2027**.

