



# Croagh National School

Address: Croagh, Rathkeale, Co. Limerick

Tel: 069-64750

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## Application Form

| Child's Details:  | PLEASE PRINT DETAILS CLEARLY   |
|---|--|
| Pupil's First Name:   |  |
| Pupil's Surname:  |  |
| Address (at which the applicant resides to include postcode): |  |
| Date of Birth:  |  |
| Gender:   |  |
| Name and class of Sibling(s) currently enrolled:              |  |
| Parish in which applicant resides:                            |  |
| <b>Parent(s)/Guardian(s) Details:</b>                         |  |
| Name:   | <input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Legal Guardian |
| Address:  |  |
| Home Tel:   |  |
| Mobile No.  |  |
| Email Address:  |  |
|   |  |
| Name:   | <input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Legal Guardian |
| Address:  |  |
| Home Tel:   |  |
| Mobile No.  |  |
| Email Address:  |  |

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

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

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

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

**Completed enrolment applications must be returned to Croagh National School before the closing date of April 30<sup>th</sup> 2024.**