

Child's Name:- _____

Date of Birth: _____ Gender : _____

Address (at which the applicant resides): _____

Name of sibling(s) currently enrolled, and class: _____

Previous School/Pre-School _____

Any other information - Special Needs etc., _____

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 Le Chéile National School,
Roxboro Road, Limerick, by 31st May 2015.

Date Received: _____