

Enrolment Application Form

Clonlisk National School 2024-2025

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides): _____

Name and class of Sibling(s) currently enrolled: _____

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 **Clonlisk National School, Clonlisk, Shinrone, Birr, Offaly.**
no later than **5pm** on **23rd February 2024.**