Enrolment Application Form

School Name Enrolment Year 27/28

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 **Lenamore NS** no later than **3.00 pm** on **29th January 2027**.