



Appendix (1)

Enrolment Application Form Castleconnell National School 2024

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides): _____

Class level applying for: _____ e.g. Juniors/Senior Infants, 1st Class, 4th class

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

Parish in which the applicant resides: _____

Primary school transferring from (if applicable): _____

Parent(s)/Guardian(s) Details:

1) Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____ Eircode _____

Home Tel: _____ Mobile: _____ Email: _____

2) Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____ Eircode _____

Home Tel: _____ Mobile: _____ Email: _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

***Please note this form must be accompanied by proof of address**

Completed enrolment applications must be returned to Castleconnell National School, Castleconnell, Co. Limerick no later than 3 pm on 31st January of the school year in which the application is being made for.

The information sought in this form is required for the purposes of processing your child's application for enrolment. The information may be shared for processing purposes with the Department of Education or other Statutory Authority as prescribed by law. Please note that all information will be retained strictly in compliance with GDPR guidelines. A copy of the school's GDPR policy is available under policies on the school website or a hard copy can be obtained in the school office. We thank you for your co-operation.