



## Appendix (1)

### Enrolment Application Form Castleconnell National School 2025

Pupil's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (at which the applicant resides): \_\_\_\_\_

Class level applying for: \_\_\_\_\_ e.g. Juniors/Senior Infants, 1<sup>st</sup> Class, 4<sup>th</sup> class

Name and class of Sibling(s) currently enrolled: \_\_\_\_\_

Parish in which the applicant resides: \_\_\_\_\_

Preschool / Primary school transferring from: \_\_\_\_\_

#### **Parent(s) / Guardian(s) Details:**

*Please tick*

1) Name: \_\_\_\_\_ [  ] Parent [  ] Custodian [  ] Legal Guardian

Address: \_\_\_\_\_ Eircode \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

2) Name: \_\_\_\_\_ [  ] Parent [  ] Custodian [  ] Legal Guardian

Address: \_\_\_\_\_ Eircode \_\_\_\_\_

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 31<sup>st</sup> 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 schools 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.*