



# Enrolment Application Form

**St. James' N.S. 2025/26**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) and class(es) of sibling(s) currently enrolled: *(if applicable)*

\_\_\_\_\_

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

Class you wish to enroll in: \_\_\_\_\_

***Parent(s)/Guardian(s) details:***

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

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

Home Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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

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

Home Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Completed enrolment applications must be returned no later than **3pm** on **April 10<sup>th</sup> 2025** to:

**St. James' N.S., Cappagh, Askeaton, Co. Limerick. V94 X661**