



Enrolment Application Form

St. James' N.S. 2024/2025

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: _____

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 22nd 2024** to:

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