

Enrolment Application Form

Lissivigeen National School Enrolment Year _____ / _____

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 Lissivigeen N.S., Lissivigeen, Killarney, Co. Kerry no later than **3pm on March 31st**.

Received: _____ Principal Date: _____

Received: _____ Deputy Principal Date: _____