

Enrolment Application Form

Scoil Phádraig Naofa Buachaillí, Dublin Road, Limerick.

Pupil's First Name: _____ Surname: _____

Date of Birth: _____

Address (at which the applicant resides): _____

On what year do you wish your child to start school? September of _____

Class you wish your child to start: Junior Infants(Please tick if yes) Other: _____

If brother currently attends St. Patrick's Boys please state:

Name: _____ Class: _____

If a sister is now or was previously enrolled in St. Patrick's Girls' School please state:

Name: _____ Class/ Years attended: _____

If the father/guardian of the child attended St. Patrick's Boys' N.S. please state:

Name: _____ Years attended: _____

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 school no later than 12 noon on the 16th January (or the next working day). Please note that places are not allocated on a first come, first served basis.

Do you consent to receiving notifications through email regarding this application? Yes [] No []



FOR OFFICE USE ONLY:

DATE OF RECEIPT OF APPLICATION: _____