

# Enrolment Application Form

## Sliabh a' Mhadra N.S.

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 Sliabh a' Mhadra N.S.  
A.S.A.P.**