

Enrolment Application Form

Senior Infants - 6th Class 24/25

School Name: Barnacogue 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 **Barnacogue N.S. Barnacogue, Swinford, Mayo** no later than **8th March 2024**