Inch NS
Bouladuff
Thurles
0504-51553
Inchns@gmail.com

Enrolment Form

Name of child:_____

Gender: _____

Date of Birth: _____

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 1: _____[ ] Parent [ ] Custodian [ ] Legal Guardian

Address:_____

_____

Home Tel. _____ Mobile _____

Email. _____

Name 2: _____[ ] Parent [ ] Custodian [ ] Legal Guardian

Address:_____

_____

Home Tel. _____ Mobile _____

Email. _____

Signature 1: _____ **Signature 2:** _____

Date: _____ **Date:** _____

Please complete the above and forward to Principal, Inch National School, Bouladuff, Thurles, Co. Tipperary