

Broadford & Kilbane N.S.

Enrolment Application Form 2024/2025

Pupil's First Name: _____ Middle Name: _____ Surname _____
(MUST be as it appears on your child's birth certificate)

Date of Birth: _____ Eir Code: _____

Full Address (at which the applicant resides): _____

Name(s) and class(es) of Sibling(s) currently enrolled: _____

Please indicate the setting that you are applying for
by ticking the correct box:

Mainstream Class

Special Class for Autism

Parent(s)/Guardian(s) Details:

Name: _____

Address: (If different to the applicant)

Home Tel. _____ Mobile _____ Email. _____

Signature: _____ Date: _____

Parent(s)/Guardian(s) Details:

Name: _____

Address: (If different to the applicant)

Home Tel. _____ Mobile _____ Email. _____

Signature: _____ Date: _____

Completed enrolment applications must be returned to **Broadford & Kilbane N.S., Broadford, Co. Clare** no later than **3pm**
on **28th February 2024**