## Scoil Lios na Groí

Lisnagry National School

Lisnagry, Co. Limerick, V94 K599.

**2** 061 331011

Email: <u>info@lisnagryns.ie</u>
Website: www.lisnagryns.ie



## ENROLMENT APPLICATION FORM LISNAGRY NATIONAL SCHOOL 2026/27

Section A: Pupil Details			
Curnomo			
Surname:			
First Name:			
Gender:			
Date of Birth:			
Parish in which			
applicant resides:			
Siblings already in			
the school (if any):			
Section B: Parent(s)/Guardian(s) Details			
<u> </u>	Parent □ Custodian □		Parent □ Custodian □
	Legal Guardian 🖵		Legal Guardian 🗆
Name:			
Traine.			
Address:			
		<del></del>	
Eircode:			
Home Telephone No:			
•			
Mobile:			
Email Address:			
Section C: Class Level Applying for (please choose one)			
Junior Infants (for next scho			22000 0.1107
Autism Class (for next school year)			
Senior Infants to 6th class (for current school year)			
If transferring from another primary school, please state name & address of that school:			
please state name & addres	s of that school:		
Signature 1:			Date:
		_	
Signature 2:			Date: