



# Milford Grange National School

## Enrolment Application Form

### Junior Infants 2025

*Return to Principal, Milford Grange National School, Castletroy, Limerick*

Pupil's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (at which the applicant resides): \_\_\_\_\_

Please select the category the applicant is applying under

- Category 1 Brothers and sisters of children enrolled in Milford Grange National School.
- Category 2 Children of Permanent members of staff in Milford Grange National School.
- Category 3 Children living (principal place of residence) within the Parish of Milford
- Category 4 Children of parents working in parish of Milford
- Category 4 Children of parents living (principal place of residence) in adjacent parish
- Category 4 Children of Milford Grange N.S. past-pupils  
*Please indicate years as a pupil in Milford Grange NS \_\_\_\_\_*
- Category 5 All other applications.

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 **Milford Grange N.S., Castletroy, Co. Limerick** by 2pm, Monday 13<sup>th</sup> January 2025.*