



Roll No. 06789H

☎ (052) 6122167

✉ lisronaghns63@gmail.com

Web: www.lisronaghns.com

*Lisronagh,
Clonmel,
Co. Tipperary.*

Application for Enrolment 2024/2025

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	
Any additional information	
Names of parent/grandparent who was past pupil of Lisronagh NS if appropriate	

PARENT(S)/GUARDIAN(S) DETAILS

Parent/Guardian 1

Name			
Parent []	Custodian []	Legal Guardian []	<i>please tick as appropriate</i>
Address			
Tel. No:			
Email:			

Parent/Guardian 2

Name			
Parent []	Custodian []	Legal Guardian []	<i>please tick as appropriate</i>
Address			
Tel. No:			
Email:			

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Completed enrolment applications must be returned to Lisonagh NS no later than **Friday 23rd February 2024.**