



Website: www.loughgurns.com

Tel: (061) 385004

Email: loughgurns@gmail.com

Enrolment Application Form Scoil Náisiúnta Loch Guir 2024/2025

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides):

Name and class of any 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: _____

* Please furnish copy of child's Birth Certificate with this form.

Please note the information you have given will be transferred to the Department of Education Primary Online Database.