Mainstream Enrolment Application Form (Junior Infants)

St. Conaire's NS for 2027/2028 School Year

Pupil's First Name: _____ Surname: _____

(Name **must** be as on birth certificate.)

Date of Birth: _____ Gender: _____

Address (at which the applicant resides – please include eircode):

_____

Name and class of sibling(s) currently enrolled: _____

_____

Parish in which the applicant resides: _____

Parent(s)/Guardian(s) Details:

Mother's Name: _____ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address: _____

_____

Home Tel. _____ Mobile _____ Email. _____

Father's Name: _____ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address: _____

_____

Home Tel. _____ Mobile _____ Email. _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Completed enrolment applications along with a copy of the birth certificate must be returned to **St. Conaire's NS, Tullyvarraga Road, Shannon, Co. Clare V14 X272** no later than **November 30 2026**