## St. Teresa's National School

Application Form: Year 2024-2025

Pupil's First Name:		Surname:
Date of Birth:		_ Gender:
Address (at which the applic	ant resides):	
Name and class of Sibling(s		olled:
Parish in which the applican	t resides:	
Parent(s)/Guardian(s) Deta	ails:	
Name:		[] Parent [] Custodian [] Legal Guardian
Address:		
		[] Parent [] Custodian [] Legal Guardian
Address.		
Home Tel·	Mohile:	
Email:		
Signature 1:		Signature 2:
Date:		Date:

Completed enrolment applications must be returned to Scoil Treasa Naofa, Castletown, Kilflynn Tralee, Co. Kerry V92 X735 no later than **15**th **January 2024**