



Tineteriffe NS
Cappamore
Co Limerick

Be Kind, play gently, Listen and Learn

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Enrolment Application Form

Year Commencing Enrolment _____

Pupil Name	
Date of Birth	
Gender	
Address	
Name and Class of siblings currently enrolled	
Any previous Primary School Attended	

Parent(s)/Guardian(s) Details

Name		Name	
Address		Address	
Home Tel		Home Tel	
Mobile		Mobile	
Email		Email	

Signature 1: _____

Signature 2: _____

Date: _____

Date: _____