

**Scoil Chríost Rí  
Caherdavin  
Limerick  
V94 KH9H**

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Email: [info@scoilchriostribns.com](mailto:info@scoilchriostribns.com)**

**ENROLMENT APPLICATION FORM  
A.S.D. Unit**

**Scoil Chríost Rí - 2023/24.**

Pupil's 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 \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

**Closing date for applications 28<sup>th</sup> February 2023.**