



# ST. CONLETH'S COLLEGE

## SECONDARY & JUNIOR SCHOOL APPLICATION FORM

(For all classes other than First Year)

PLEASE COMPLETE IN BLOCK CAPITALS

I would like to make an application to enrol my child:

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Date of Birth: / /	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Year of Entry:	Class of Entry:		
Current School / Pre-school:	Nationality:		
Name and Date of Birth of Sibling/s:			
Relationship if related to Past Pupil:			
Name of Past Pupil:	Year of Graduation:		
Father <input type="checkbox"/>	Grandfather <input type="checkbox"/>	Mother <input type="checkbox"/>	Grandmother <input type="checkbox"/>

PARENT(S) / GUARDIAN(S)

MOTHER

FATHER

Full Name:
Address:
Home Telephone:
Work Telephone:
Mobile Number:
Email:

Full Name:
Address:
Home Telephone:
Work Telephone:
Mobile Number:
Email:

Signed:
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Date: / /
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Applicants are entered on a list for the expected years of entry. School visits will be arranged according to the Admissions Policy. A place can then be secured on completion of the Entrance Form and payment of a deposit. Please see [www.stconleths.ie](http://www.stconleths.ie) for 'Admissions Policy'.

This form should be returned with an Application fee of €80.00 (non-refundable)