



APPLICATION FOR ADMISSION

Proposed Date of Entry: _____ **Year Group** _____

Student Details

Surname: _____ First Name: _____
Address: _____ Female/Male: _____

Date of Birth: _____

Home Tel No: _____
PPSN No: _____ Country of Birth: _____
Insert Student Medical Card No & expiry date, where applicable : _____

Previous Primary / Secondary School attended

Name: _____ Class/Year: _____
Address: _____ Principal: _____

Telephone No: _____

Family Details

Father's Name: _____ Mother's Name: _____
Mother's Maiden Name: _____
Address: _____ Address: _____

Mobile No: _____ Mobile No: _____
Guardian (if other than above): _____ (Custody arrangements in writing)
No. of children in family: _____ Position (Eldest, youngest, No 2 etc) _____
Brothers or sisters in this school (Name, Class, Past Pupil): _____

Signature of Parent/Guardian: _____ **Date:** _____

NOTES:

1. Data supplied in this form comes under the terms of the Data Protection Acts 1988 & 2003 and the Freedom of Information Act 1997. This data is held by the school for school & Dept of Education & Science use.
2. Please read terms of our agreed Admissions Policy attached to this application form. This may also be viewed on our web site www.calasanctius.ie

OFFICE USE ONLY: Date & time received _____