



St. Columba's College

## REGISTRATION FORM

If you wish to register a prospective pupil, please complete this form and return it to the address below, together with the registration fee, copy birth certificate and a copy of his/her last two school reports (if applicable).

**The Admissions Office  
St. Columba's College  
Whitechurch  
Dublin D16 C6E4**

**Tel: 00353 1 490 6791  
Fax: 00353 1 493 6655  
E-mail: admin@stcolumbas.ie  
Web: www.stcolumbas.ie**

\*Please **circle** as appropriate:

I hereby apply to have the under-named admitted as a \*Boarder/Day Boarder/Day Pupil, subject to the appropriate entrance requirements. In the event of \*his/her being admitted, I undertake that \*he/she will be subject to the ordinary discipline of the College, and that I shall not remove \*him/her without giving at least one term's notice or, alternatively, paying a term's fee in lieu of notice.

### Complete the details below and please write clearly in block letters

**Surname:** \_\_\_\_\_ **Name** \_\_\_\_\_  
(in block letters)

**Nationality:** \_\_\_\_\_ **Country of Birth** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Present School:** \_\_\_\_\_ **School Roll No. (Irl only):** \_\_\_\_\_

**Expected Year of Entry:** \_\_\_\_\_ **Proposed Form at Entry:** \_\_\_\_\_ **Religious Denomination:** \_\_\_\_\_

**Mother's Birth Surname** \_\_\_\_\_ **Old Columban? (please ✓) Yes**  **No**

**Please attach:**

**a) A copy of his/her last two school reports (if applicable). b) A copy of any educational/clinical diagnosis which has an educational impact ie Educational Psychologist's report, (if applicable). c) A copy of his/her birth certificate.**

**d) Payment of €100 (€60 for the second and each additional sibling) as registration fee payable to 'St. Columba's College', which I understand is non-refundable. Only Euro Cheques/Bank Drafts drawn on Irish banks can be accepted. Overseas payments may be made by Sterling Cheque, Bank Draft or by electronic banking (see bank details below), but we are unable to accept Euro Cheques/Bank Drafts drawn on foreign banks. Please attach notification of electronic payment with the Registration Form, if applicable. Please note that fee invoices are sent termly by e-mail.**

<b>Name of Account:</b>	St. Columba's College		
<b>Name of Bank:</b>	AIB Bank, 40-41 Westmoreland Street, Dublin 2, Ireland		
<b>Account Number:</b>	07161068	<b>Sort Code:</b>	93-33-84
<b>IBAN Number:</b>	IE60AIBK93338407161068	<b>BIC Code:</b>	AIBKIE2D

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian)

**Name of Parent(s)/Guardian(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mobile(s): (Father)** \_\_\_\_\_ **(Mother)** \_\_\_\_\_

**Home Telephone :** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**2nd Email (if applic)** \_\_\_\_\_

(Please print clearly in block capitals)