

## APPLICATION FORM

Surname:

Address: \_\_\_

Home Telephone:

(Please print clearly in block capitals)

Contact Email:

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** Tel: 00353 1 490 6791 St. Columba's College Fax: 00353 1 493 6655 Whitechurch E-mail: admissions@stcolumbas.ie Dublin D16 CH 92 Web: www.stcolumbas.ie Please tick 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 Name (in block letters) Nationality: \_\_\_\_\_ Country of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_ Present School: \_\_\_\_\_School Roll No. (Irl only): \_\_\_\_\_ \*Religious Expected Year of Entry: \_\_\_\_\_ Proposed Form at Entry: \_\_\_\_\_ Denomination: \_\_\_\_\_ Mother's Birth Surname \_\_\_\_\_Old Columban? (please ♥) Yes □ No □ PPS Number (Irish Pupils only) Name of Parent(s)/Guardian(s): Eircode/Postal Code \_\_\_\_\_ Mobile(s): (Father) \_\_\_\_\_ (Mother) \_\_\_\_

Tel: +353 1 490 6791 | Fax: +353 1 493 6655 | Email: admin@stcolumbas.ie or admissions@stcolumbas.ie | www.stcolumbas.ie

Ple	ease attach:				
a)	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)	A passport photograph.				
Ch by Ple	eques/Bank Drafts drawn on electronic banking (see banl	Irish banks can be accepted. Overse details below), but we are unable t	as payments may o accept Euro Cl	I understand is non-refundable. Only Europe be made by Sterling Cheque, Bank Draft of heques/Bank Drafts drawn on foreign banks cable. Please note that fee invoices are sen	
	Name of Account: Name of Bank: Account Number: IBAN Number:	St. Columba's College AIB Bank, 40-41 Westmoreland of 07161068 Sort Code: IE60AIBK93338407161068	Street, Dublin 2, 93-33-84 BIC Code:	Ireland AIBKIE2D	
_	gned: nrent/Guardian)		Date:		
	t is a requirement of GDPI ease confirm your consent	<u> </u>	d information a	bout your child's religious denomination	
Signed:(Parent/Guardian)			Date:		