



PUPIL APPLICATION FORM

I/we wish to apply for a place for my/our son/daughter in St. Paul's School commencing:
September 20_____ (see note 2 below)

Name of Child: _____

Date of Birth: _____

Currently Attending (pre-school / school): _____

Parent(s) / Guardian(s) name(s) (Capitals) : _____

Home Address: _____

Home Number: _____ Mobiles: _____

_____ Email : _____

Parent(s) / Guardian(s) Signatures: _____

Date: _____

NOTES:

- 1. Please see Application Procedure in St. Paul's Admission and Enrolment Policy (attached).*
- 2. The completion of an application form and the placement of your child's name on any list (however early) does not confer an automatic right to a place in the school.*
- 3. Each application will be considered by the School's Admissions Committee.*
- 4. The Department of Education and Skills will only sanction transport to the nearest recognised school with an available place that is appropriate to the needs of the child.*

PLEASE RETURN COMPLETED FORM TO THE PRINCIPAL, ANNE HARTNETT

DATE RECEIVED: _____ (OFFICE USE ONLY)