



# ST. MARY'S SECONDARY SCHOOL

Holy Faith Convent, Glasnevin, Dublin 11



## APPLICATION FORM

Year Group: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Year of Entry: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PPS Number: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Parent(s)/Guardian(s) – (Block Capitals):

\_\_\_\_\_ Mobile Number: \_\_\_\_\_

\_\_\_\_\_ Mobile Number: \_\_\_\_\_

Telephone (Home/Work): \_\_\_\_\_

Please indicate by circling Yes or No if any of the categories below appertain to your daughter:

Sister Attends: YES NO Mother Attended: YES NO Sister Attended: YES NO

Present School: \_\_\_\_\_ Class/Year: \_\_\_\_\_

Parent(s)/ Guardian(s) Signature(s):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

***Please return this form to the school office or email it  
admissions@stmaryshfg.ie***

***Please note that this form is one of preliminary application only. It does not constitute acceptance of the applicant by the school authorities nor does it imply any obligation on the part of her parent/guardian***