



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.

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

