ST. MARY'S SECONDARY SCHOOL

Holy Faith Convent, Glasnevin, Dublin 11, D11 X478

APPLICATION FORM

Year Group: _____

Name of Student: _____

Year of Entry: _____

Date of Birth: _____

PPS Number: _____

Address: _____

E-mail Address (To which acknowledgement of receipt of application will be sent):

_____

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(s)/guardian(s)

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