



ST. MARY'S HOLY FAITH SECONDARY SCHOOL
 BROOKWOOD MEADOW,
 KILLESTER,
 DUBLIN 5

TEL: 01 831 0963
 FAX: 01 831 9303
 EMAIL: ADMIN@HOLYFAITH.IE
 WEB: WWW.HOLYFAITH.IE

APPLICATION FORM FOR ENTRANCE

SEPTEMBER 2016

NAME OF STUDENT: _____

ADDRESS: _____

TELEPHONE NO: _____

DATE OF BIRTH: _____

PRESENT SCHOOL: _____

1) OTHER FAMILY MEMBERS WHO ARE ATTENDING ST. MARY'S AT PRESENT:

OR WHO ATTENDED IN THE PAST: _____

2) RELATIONSHIP TO APPLICANT: (e.g. Mother, Sister Cousin – please specify)

PARENTS NAMES: (1) _____ (2) _____

(BLOCK CAPITALS)

MOTHER'S MAIDEN NAME: _____

SIGNATURES _____

DATE: _____



PRINCIPAL: E. McLOUGHLIN



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PRINCIPAL: E. McLOUGHLIN

DATA INPUT FORM – STUDENT RECORD - 2016

(Please fill in block caps).

STUDENT'S PERSONAL DETAILS

Surname: _____ First Name: _____

Address _____

D.O.B. _____ P.P.S No. _____

Home Phone: _____ Sex (M/F): _____ Religion: _____

Nationality: _____

Previous School attended: _____ Tel: _____

FAMILY

Mother's/Guardian Name: _____ Occupation: _____

Mother's Maiden Name: _____

Telephone No. (work and/or mobile) _____

Father's/Guardian Name: _____ Occupation: _____

Telephone No. (work and/or mobile): _____

Number of children in Family: _____ Child's position in family: _____

Other siblings attending St. Mary's _____

In the event that we cannot contact Mother/Father/Guardian above, please give an emergency contact name and number.

Emergency Contact: _____ Telephone: _____

Relationship to student: _____

Family Doctor: _____ Telephone: _____

HEALTH

General Health History: _____

Does student have any condition or illness (Please give details): _____

Does student have to take any medication (give details include asthma medication/inhalers/allergy medication etc.):

Any other information: _____

Please sign below:

_____ Parent _____ Parent _____ Guardian.

DATA INPUT FORM – STUDENT RECORD - 2017

(Please fill in block caps).

STUDENT'S PERSONAL DETAILS

Surname: _____ First Name: _____

Address _____

D.O.B. _____ P.P.S No. _____

Home Phone: _____ Sex (M/F): _____ Religion: _____

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Previous School attended: _____ Tel: _____

FAMILY

Mother's/Guardian Name: _____ Occupation: _____

Mother's Maiden Name: _____

Telephone No. (work and/or mobile) _____

Father's/Guardian Name: _____ Occupation: _____

Telephone No. (work and/or mobile): _____

Number of children in Family: _____ Child's position in family: _____

Other siblings attending St. Mary's _____

In the event that we cannot contact Mother/Father/Guardian above, please give an emergency contact name and number.

Emergency Contact: _____ Telephone: _____

Relationship to student: _____

Family Doctor: _____ Telephone: _____

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Does student have to take any medication (give details include asthma medication/inhalers/allergy medication etc.):

Any other information: _____

Please sign below:

_____ Parent _____ Parent _____ Guardian.

DATA INPUT FORM – STUDENT RECORD - 2018

(Please fill in block caps).

STUDENT'S PERSONAL DETAILS

Surname: _____ First Name: _____

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Any other information: _____

Please sign below:

_____ Parent _____ Parent _____ Guardian.

SPECIAL NEEDS

Has student been diagnosed with any specific learning difficulty, which would require special needs intervention. Also indicate if he/she has received special needs intervention in primary school.

Details:

Mother's Signature _____

Father's Signature _____

Guardian's Signature (if appropriate) _____