



Dominican Primary School

Dún Laoghaire, Co. Dublin Phone: 01-2809011 Fax: 01-2806914
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APPLICATION FOR ADMISSION TO SCHOOL

Child's name :.....Surname :.....Gender :.....

Address :.....

Date of birth :..... Nationality:.....

Parish :.....Religion :.....

Home Number :..... Mobile: Mum.....Dad.....

Emergency contact no and person:.....

Mother's name:.....Occupation:.....

Father's name:.....Occupation:.....

Mother's work no:.....Father's work no:.....

Pre-School / School previously attended:.....

Year child entering school:..... Entry Class:.....

Place of child in family:.....

Child's PPS number:.....Child's Medical Card no:.....

Comments: Child's Health etc.

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Other Members of Family at school here: Name and Classes

1.....2.....

Date:.....

Please fill in this Application Form and return to the Principal as soon as possible together with the child's Birth Certificate and Baptismal Certificate.

Office Use only:

Birth Certificate Yes No

Baptismal Certificate Yes