



# St. Joseph of Cluny, Secondary School

Ballinlea Road, Killiney, Co. Dublin

Ph: 01 2855027 Fax: 01 2851310 Email: Cluny@eircom.net

## APPLICATION FORM

Pupil's Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Student's PPS No: \_\_\_\_\_

Date of proposed entry: \_\_\_\_\_ Standard of entry (e.g. First Year): \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Previous School/s: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother Past Pupil: YES/NO [If Yes: Leaving Cert. Year: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_]

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

\_\_\_\_\_ Landline: \_\_\_\_\_

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

Name and Telephone No. of other person to be contacted in case of emergency if parents cannot be contacted: \_\_\_\_\_

Name(s) and DOB of other siblings: \_\_\_\_\_

Members of family already in Cluny: \_\_\_\_\_

Special information: (Concerning health, domestic circumstances etc. which might be helpful):  
\_\_\_\_\_  
\_\_\_\_\_

I wish to enter my daughter in St. Joseph of Cluny School. If she is accepted for entry, I hereby undertake for myself and for her to observe the rules and regulations of the School made or to be made by the Principal and Staff. **A Registration Fee of €75.00, non refundable, is to accompany this form.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: Ms. Mary White, Deputy Principal: Ms. Órla Lambert.