



APPLICATION FORM PRESCHOOL/JUNIOR SCHOOL



Received on: _____ (for Office use only)

Student's Name in Full: _____

Date of Birth: _____

Names of Parents/Guardians

Address: _____

Requested Year of Entry: _____

Religion: _____

Date & Place of Baptism: _____

Mobile Phone Home Phone Business Phone

Mother: _____

Father: _____

Email: Mother: _____ @ _____

Father: _____ @ _____

(Please print clearly as email is used primarily for communication with parents)

Present School: _____

Present Class: _____

Please indicate any family connection with St. Michael's College Junior or Senior Schools

Copy of Birth Certificate enclosed Yes No

PLEASE ENCLOSE A NON-REFUNDABLE APPLICATION FEE OF €100 AND RETURN TO
Admissions Office, St. Michael's College Junior School, Ailesbury Road, Dublin 4.

One registration fee covers all applications per family for Preschool, Junior & Senior School