



St. Joseph of Cluny, Secondary School

Ballinaclea Road, Killiney, Co. Dublin

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

APPLICATION FORM

Surname of Pupil: _____

Other Names in full: _____

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: _____ Work No: _____

Mother's Name: _____ Occupation: _____ Work No: _____

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

Address: _____

_____ Home No: _____

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: Mrs Caroline Lundy.