

ST MICHAEL'S COLLEGE



APPLICATION FORM

Junior Department

Student's Name in Full:

Names of Parents (or Guardian):

Address:

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Home Tel: Mobile:

Fax: Email:

Date of Birth: Requested Year of Entry:

Date and Place of Baptism:

Present School:

Present Class:

Please:

(a) Indicate any family connections with St. Michael's or other Holy Ghost Schools:

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(b) Enclose latest report from present school (*if applicable*).

PLEASE FILL IN THIS FORM AND RETURN TO:
Admissions Junior School: St. Michael's College, Ailesbury Road, Dublin 4.