

ST MICHAEL'S COLLEGE



APPLICATION FORM

Secondary Department

Student's Name in Full:

Names of Parents (or Guardian):

Address:

.....

.....

Home Phone

Business Phone

Mobile Phone

Father:

Mother:

Fax: Email:

Date and Place of Confirmation:

Date of Birth: Requested Year of Entry:

Present School:

Present Class:

Please:

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

.....

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

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