

Holy Faith Secondary School  
Clontarf



**APPLICATION FORM**

Proposed Date of Entrance to Secondary School: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name (*as on birth certificate*): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Parish: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

Landline Telephone No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

Landline Telephone No.: \_\_\_\_\_

Sister(s) in this School (past &/or present)? Yes  No  If **yes** please provide name(s):

\_\_\_\_\_

Is either Parent a current or past member of staff? Yes  No

Is Mother a Past Pupil? Yes  No  If **yes** mother's maiden name: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Present School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Signature of Parent(s): \_\_\_\_\_

Date: \_\_\_\_\_

**IT IS IMPORTANT THAT YOU NOTIFY THE SCHOOL AS SOON AS POSSIBLE OF  
A CHANGE OF ADDRESS OR CHANGES TO YOUR CONTACT DETAILS.**