



Holy Faith Secondary School

1 Belgrove Road
Clontarf
Dublin 3

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.: _____

Is English/Irish your primary language? Yes No

What languages are spoken at home? _____

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.**