



**Holy Faith Secondary School**

1 Belgrove Road  
Clontarf  
Dublin 3

**TRANSFER APPLICATION FORM**

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: \_\_\_\_\_ Principal: \_\_\_\_\_

Current year: \_\_\_\_\_ Proposed Year: \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_

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