



St. Peter's College Secondary School, Wexford Y35 P8WT

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Principal: Mr. Robert O'Callaghan Deputy Principals: Mr. John Banville; Mr. Seán Foley

APPLICATION FORM - ENTRY TO FIRST YEAR

Year of Enrolment: _____

Full Christian Name: _____ Surname: _____
(As on Birth Certificate) (As on Birth Certificate)

Date of Birth: _____ Country of Birth: _____

Home Address: _____

Name & Address of Primary School _____

Brother (s) Previously in College Yes _____ No _____

If yes, Name _____ Year of Entry _____ Year of Departure _____

Brother (s) Currently in College Yes _____ No _____ Name (s) _____

Mother's Full Name (Including Maiden Name): _____

Daytime Telephone No. _____ Mobile Number: _____

Mother's Home Address: (if different from above) _____

Father's Full Name: _____

Daytime Telephone No. _____ Mobile Number: _____

Father's Home Address: (if different from above) _____

Is Father a Past Pupil? Yes _____ No _____ if yes, Year of Entry _____ Year of Departure: _____

Father's Home Address when a student of the College: _____

I/We declare that all the above information is correct. I/We understand that it is my/our responsibility to notify the school, in writing, of any relevant changes that may arise in the future, i.e. change of address, telephone numbers.

The school will acknowledge receipt of this Application Form by returning a copy of same to the parent/guardian, stamped with the receipt date. If the parent/guardian does not receive this receipted copy back within 7 days of issue the onus is on the parent/guardian to contact the school.

SIGNED: _____ DATE: _____

Parent/Guardian

The school's Admissions Policy is reviewed by the Board of Management on an ongoing basis. A copy of this policy is available on request from the school or may be inspected in the office or on the school website.

For Official Use only

Date Received: _____

Processed by: _____