



APPLICATION FORM  
ST. CATHERINE'S SENIOR GIRLS' SCHOOL  
Ratoath Road, Cabra, Dublin 7  
PHONE NO 8387194

Childs Name:

Childs PPS No

Address:

Date of Birth:

Mother's Name:

Mother's Address:

Mother's Email:

Father's Name:

Father's Address:

Fathers Email:

Contact Phone No's: 1. \_\_\_\_\_ Name: \_\_\_\_\_  
2. \_\_\_\_\_ Name: \_\_\_\_\_  
3. \_\_\_\_\_ Name: \_\_\_\_\_

Religion:

Country of Origin:

First Language:

Does your child have a medical condition, for example asthma or an allergy?  
If so, please give details:

Previous School Attended:

Permission is granted to contact previous school for latest reports, assessments etc.

Reason for change of school:

Present Class:

Names of other children in the school:

The above information will be registered on the Aladdin System in the school,  
and transferred to the Department as necessary.

Signed

Date