



stratford | college

Application Form

Stratford College, Co-educational Secondary School, 1 Zion Road, Rathgar, Dublin 6, Ireland.

Tel: +353 1 492 2315 Fax: +353 1 492 0372

E-mail: admin@stratfordcollege.ie Website: www.stratfordcollege.ie

Section A | Personal Profile

Surname of Applicant:

Forename:

Date of Birth:

Country of Birth:

Nationality:

P.P.S. Number:

How long have you been resident in Ireland?

First Language:

Other Languages:

Present Postal Address:

Is father/mother a past pupil of the school?

No

Yes

Year:

Any other Stratford College connection?

Religious Denomination (if any):

Mother:

Father:

Child:

In the case of a Jewish application, please include Ketuba as relevant.

Year of Proposed Entry:

Please specify class applied for .i.e. 1st Year 2010 etc.

Please attach recent passport photo here

Please inform the school of any changes to your contact details, otherwise the application may lapse.

Section B | Family Profile

Father

First Name: Family Name:

Address (if different from postal address above):

Employer: Occupation:

Telephone: Home: Work: Mobile:

Fax: E-mail:

Mother

First Name: Family Name:

Address (if different from postal address above):

Employer: Occupation:

Telephone: Home: Work: Mobile:

Fax: E-mail:

Guardian

First Name: Family Name:

Address (if different from postal address above):

Employer: Occupation:

Telephone: Home: Work: Mobile:

Fax: E-mail:

If neither parent/guardian can be contacted is there anyone else who could be contacted in an emergency?

Other children in the family:

| | | | | |
|---|-------------------------------------|--|-----|-----------------------------|
| 1 | Name: <input type="text"/> | Interested in place in Stratford College | Yes | As of: <input type="text"/> |
| | Date of birth: <input type="text"/> | | | |
| 2 | Name: <input type="text"/> | Interested in place in Stratford College | Yes | As of: <input type="text"/> |
| | Date of birth: <input type="text"/> | | | |

Note: Completion of this section does not constitute an application. Please ensure a completed form is returned for each of your children.

For Jewish Applicants

Name of Synagogue membership:

Synagogue where married:

Section C | Education Profile

Name of Current School:

Current School Address:

Current Class/Year:

Student PPS No.:

Available from Dept. of Social & Family Affairs

Previous School:

Does your child study Irish? No Yes

If no, please enclose a Certificate of Exemption

State other languages studied:

B) This section must be completed by all applicants. Failure to do so may delay the processing of the application.

Has your child any learning/emotional/behavioural disorders? No Yes

Does your child have any physical disabilities? No Yes

C) List the sports played by your child.

Does your child play at school? No Yes

Does your child play at club level? No Yes

Section D | Medical Profile

Does your child have any medical conditions? No Yes
If yes, please give details including any regular medication.

Does your child have any allergies? No Yes
If yes, please give details.

Does your child have any special dietary requirements? No Yes
If yes, please give details.

Doctor:

Telephone:

In the event of administration of medicines an indemnity form should be completed and returned to us (available from the school administrator). The school has no obligation to administer medication.

Section E | Miscellaneous

How did you learn about Stratford College?

Past Pupil

Other Parent

Employer

Relocation Company

Previous School

Colleague

Your Country's Embassy

Advertisement

Please specify publication.

Please read carefully

I/we understand that a deposit is payable when a pupil is formally offered a place in the school. The sum is comprised of an advance on fees for the relevant academic year and a deposit which is offset against my/our son's/daughter's last year's fees. All applications are subject to the school's Admissions Policy (a copy of which is available on www.stratfordcollege.ie or from the school office by request). The decision of the school management will be binding.

I/we will keep the school informed of any changes to the information on this form. I/we understand that failure to do so may cause the application to lapse. Contact details will be forwarded to the Parents' Association. I/we give our consent that the information supplied in this application form will be held by the school and/or notified to the Department of Education and Science (DES) in annual October Returns, the student enrolment returns, as relevant. All the information is held on the understanding of confidentiality subject to the requirements of the FOI 1997 Act and the Data Protection Acts 1988 and 2003.

Signature of father and mother or guardian:

Father:

Mother:

Guardian:

Date:

Checklist:

Photo (Passport)

Recent School Reports

Birth Certificate

Other Relevant Documentation if any

Please return this completed application form to:
School Administrator, Stratford College, 1 Zion Road, Rathgar, Dublin 6, Ireland.

For Office Use Only

Application Received by School..... Siblings in School.....

Interviewed on..... Accepted/Declined.....

Birth Certificate Checked and Returned..... Deposit Paid.....

Offered a Place..... Starting Date.....