



**Stratford College**  
Co-educational Secondary School

# Application Form

Stratford College, 1 Zion Road, Rathgar, Dublin 6, Ireland.  
Tel: +353 1 492 2315 E-mail: admin@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 or 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 2015, 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:

Employer:  Occupation:

Telephone:  Home:  Work:  Mobile:

Fax:  E-mail:

### MOTHER

First name:  Maiden name:

Address (if different from address above):

Employer:  Occupation:

Telephone:  Home:  Work:  Mobile:

Fax:  E-mail:

### GUARDIAN

First name:  Family name:

Address (if different from address above):

Employer:  Occupation:

Telephone:  Home:  Work:  Mobile:

Fax:  E-mail:

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

Other children in the family:	1	<input type="text"/> Home:	Interested in place in Stratford College	<input type="text"/> As of:
		<input type="text"/> Date of birth:		
	2	<input type="text"/> Home:	Interested in place in Stratford College	<input type="text"/> As of:
		<input type="text"/> Date of birth:		

**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:

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

## Section C - Education Profile

Name of current school:

Current school address:

Current class/year:  Student PPS no.:

Previous school:

Does your child study Irish? No  Yes   
*If no, please enclose a Certificate of Exemption*

State other languages studied:

*This section must be completed by all applicants. Failure to do so may delay the processing of the application.  
Please submit any supporting available documentation.*

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

Does your child have any physical disabilities? No  Yes

*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's name:  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 StratfordCollege?

Past Pupil   
Relocation Company   
Your Country's Embassy   
Advertisement

*Please specify publication below.*

Other Parent   
Previous School   
Employer   
Colleague

### Please read carefully

All applications are subject to the school's Admissions Policy (a copy of which is available on [www.stratfordcollege.ie](http://www.stratfordcollege.ie) or from the school office by request). The decision of the school management will be binding.

I/we understand that a deposit is payable when a pupil is formally offered a place in the school. This sum is an advance on fees for the relevant academic year. Please see our Fee Policy for more details.

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

*Mother:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Checklist:

Photo (passport)   
Birth certificate

Recent school reports   
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 \_\_\_\_\_

Interviewed on \_\_\_\_\_

Birth certificate checked and returned \_\_\_\_\_

Offered a place \_\_\_\_\_

Siblings in school \_\_\_\_\_

Accepted/declined \_\_\_\_\_

Deposit paid \_\_\_\_\_

Starting date \_\_\_\_\_