



Stratford College
Co-educational Secondary School

Application Form

Stratford College, 1 Zion Road, Rathgar, Dublin 6, D06 T9V3, 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 (include Eircode):

Are either parent a past pupil of the school? No Yes Year:

Any other Stratford College connection?

Religious denomination (if any): Parent 1: Parent 2: 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

PARENT 1

Title: Mr. Mrs. Ms. First name:

Family name:

Address:

Telephone: Home: Work: Mobile:

E-mail:

PARENT 2

Title: Mr. Mrs. Ms. First name:

Family name:

Address (if different from address above):

Telephone: Home: Work: Mobile:

E-mail:

GUARDIAN

First name: Mr. Mrs. Ms. First name:

Family name:

Address (if different from address above):

Telephone: Home: Work: Mobile:

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

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: Current school roll 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 at www.stratfordcollege.ie or from the school office by request). The decision of the school management will be binding.

I/We understand that while my son/daughter is a pupil of Stratford College he/she will be subject to all rules and regulations including any future changes as set down in the Code of Behaviour and Discipline.

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 Act 2018. A copy of the Data Protection Policy is available at www.stratfordcollege.ie.

Signature of parents or guardian:

Parent 1: _____ Date: _____

Parent 2: _____ Date: _____

Guardian: _____ Date: _____

Checklist:

Photo (passport)

Birth certificate

Recent school reports

Other relevant documentation if any

In the case of International Students please see supplementary information available at:

<https://www.stratfordcollege.ie/content/images/International-Student-Applications.pdf>

*Please return this completed application form to:
School Administrator, Stratford College, 1 Zion Road, Rathgar, Dublin 6, D06 T9V3, 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 _____