



Dublin 15

Telephone 01 8213051 Fax 01 8214367

Email: info@castleknockcollege.ie web: www.castleknockcollege.ie

Application for Entry to Castleknock College

This Application Form should be completed and returned to the Admissions Office, Castleknock College and should be accompanied by:

- the full version of the applicant's Birth Certificate
- the latest available school report
- any health, educational or psychological report that is relevant
- two passport sized photographs if the applicant has reached the age of 10 years or above
- application of fee of €100

Please note that incomplete applications will be returned and will not be registered

Student & Parent Details

Intended Date of Entry:						
Intended Year of Entry	1 st Yr	2 nd Yr	3 rd Yr	4 th Yr	5 th Yr	6 th Yr
(Please circle appropriate year)						

Student Surname:	Student First Name:
Student's Middle Name:	
Name by which student is known at home:	
Home Address:	
Tel: No	

Date of Birth	PPS No:
Country of Birth:	Nationality:

Present Primary School Roll No:	Exempt from Irish: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes application must be accompanied by certificate of exemption)
Previous Primary Schools attended:	

Mother's Full Name:	
Mother's Address:	
Mother's occupation:	
Mother's mobile. no.:	Mother's Email Address:
Father's Full Name:	
Father's Address :	
Father's occupation:	
Father's mobile no.:	Father's email address:

Other Children in the family:
Father a Pastman of the College: Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other connection with the College:
Please give details of any particular ability/achievement eg. in sport / drama/ music/ art etc. or any special circumstances that may exist eg. the death of a parent, separation of parents, illness or other relevant matter.

Emergency contact details: (please give details of a person who may be contacted in an emergency in the event that neither parent can be contacted)
Name: _____
Address: _____ _____
Tel. / mobile no: _____

Terms and Conditions Applying to this Application:

I / We in making formal application are willing to abide by the College Rules: I / We understand and accept that:-

- Registration of this application does not imply any guarantee of a place at Castleknock College;
- that fees are required to be paid half yearly in advance and that students may not begin a new term unless the previous half yearly account has been paid (any other payment arrangement must be agreed with the Administrator in advance of the school year);
- that three months notice is required before the removal of a boy and that in lieu of such notice half a year's fees will be charged;
- that no remission of fees is granted for a boy's unavoidable absence through sickness or for any other reason.
- A non-refundable deposit will be required on acceptance of a place.

I / We will advise the College of any existing or future relevant educational / psychological assessment or any other relevant development that may arise between now and the date of entry and while my / our son is a student at the College.

I / We accept that under the College Code of Behaviour the Governing Body reserves the right of resigning the charge of a boy.

Signed: _____ Date: _____

Signed: _____ Date: _____

Parents are expected to subscribe to and support the ethos of the College as set out in our Mission Statement

Office use only		
Date Received:	Birth Cert enclosed: Y / N	Birth Cert returned: Y / N
Date of entry:	Year of entry:	Registration fee enclosed Y / N
Interviewed:	Place offered:	Acceptance received:
Date Deposit received:		