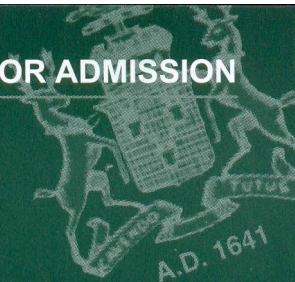




BANDON GRAMMAR SCHOOL
BANDON, CO. CORK

Tel.: (023) 41713 • Fax: (023) 44404 • E-mail: info@bandongrammar.ie • Website: www.bandongrammar.ie

APPLICATION FOR ADMISSION



APPLICANT PUPIL

Surname:		
First Names:		
Date of Birth: <i>(enclose Birth Certificate)</i>		P.P.S. No.
Present and previous school(s): <i>(Give dates)</i>		
Current class in primary or present school: <i>(Enclose copy of school/ report)</i>		
Special Needs: (i) Specify any educational special needs: <i>(Attach assessment report where relevant)</i> (ii) Details of any disability/special needs: (iii) State of general health:		
Religious affiliation:		
Brothers / sisters already at this school or who are past pupils:		
Any other information relevant to the categories of applicant set out in our admission policy:		
Proposed date of entry:		
Names of both Parents / Guardians:		
Postal address:		
Telephone, Mobile, Fax, E-mail:		
Occupation (optional) :		

**I apply for admission of my child as a Boarder or as a Day Pupil
(Tick the appropriate option)**

I agree to abide by the school regulations, Code of Conduct and disciplinary procedures, to pay each half-year's fees in advance, and to give three months notice of withdrawal in writing or pay a third of year's fees in lieu of notice. I certify that all of the information entered with this application is complete, true and accurate.

An Application Fee of €1 00 (non refundable) must accompany this form.

Signature of Parent/Guardian Date:

Signature of Parent/Guardian

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