

APPLICATION FORM

The Admissions Office

If you wish to register a prospective pupil, please complete this form and return it to the address below, together with the registration fee, copy birth certificate and a copy of his/her last two school reports (if applicable).

00353 1 490 6791

Tel:

St. Columba's College Fax: 00353 1 493 6655 Whitechurch E-mail: admin@stcolumbas.ie Dublin D16 CH92 Web: www.stcolumbas.ie *Please tick as appropriate: I hereby apply to have the under-named admitted as a **Boarder** Day Boarder Day Pupil subject to the appropriate entrance requirements. In the event of *his/her being admitted, I undertake that *he/she will be subject to the ordinary discipline of the College, and that I shall not remove *him/her without giving at least one term's notice or, alternatively, paying a term's fee in lieu of notice. Complete the details below and please write clearly in block letters Name (in block letters) Nationality: _____ Date of Birth: _____ Present School: _____School Roll No. (Irl only): _____ Religious Expected Year of Entry: ______Proposed Form at Entry: ______Denomination: _____ Mother's Birth Surname _____Old Columban? (please ♥) Yes □ No □ PPS Number (Irish Pupils only) Name of Parent(s)/Guardian(s): Address: Eircode/Postal Code _____ Mobile(s): (Father) (Mother) Home Telephone: Contact Email: 2nd Email (if applic) __ (Please print clearly in block capitals) PTO →

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(Parent/Guardian)

- a) A copy of his/her last two school reports (if applicable).
- b) A copy of any educational/clinical diagnosis which has an educational impact ie Educational Psychologist's report, (if applicable).
- c) A copy of his/her birth certificate.
- d) Payment of €150 (€75 for the second and each additional sibling) as registration fee payable to 'St. Columba's College', which I understand is non-refundable. Only Euro Cheques/Bank Drafts drawn on Irish banks can be accepted. Overseas payments may be made by Sterling Cheque, Bank Draft or by electronic banking (see bank details below), but we are unable to accept Euro Cheques/Bank Drafts drawn on foreign banks. Please attach notification of electronic payment with the Registration Form, if applicable. Please note that fee invoices are sent termly by e-mail.

Name of Account:
Name of Bank:
AIB Bank, 40-41 Westmoreland Street, Dublin 2, Ireland
Account Number:
07161068 Sort Code: 93-33-84
IBAN Number: IE60AIBK93338407161068 BIC Code: AIBKIE2D

Signed:
Date: