

ST MICHAEL'S COLLEGE



APPLICATION FORM

Secondary Department

Student's Name in Full:

Names of Parents (or Guardian):

Address:

.....

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Home Phone

Business Phone

Mobile Phone

Father:

Mother:

Email:

Date of Birth: Requested Year of Entry:

Present School:.....

Present Class:

Please:

(a) Indicate any family connections with St Michael's College:

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(b) Enclose copy of Birth Certificate

**PLEASE ENCLOSE A NON-REFUNDABLE APPLICATION FEE OF
€100 AND RETURN TO:**

Admissions Office: St. Michael's College, Ailesbury Road, Dublin 4.