

ST MICHAEL'S COLLEGE



APPLICATION FORM

Secondary Department

Student's Name in Full:

Names of Parents (or Guardians):

Address:

.....

.....

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:

.....

- (b) Enclose copy of Birth Certificate

- (c) Enclose copies of 2 most recent school reports

Admissions Office: St. Michael's College, Ailesbury Road, Dublin 4. D04 A373

Email: kate.buggy@stmc.ie