

Tel: 0404-68111  
Fax: 0404-68850

\_\_\_\_\_  
(date of application)

VERITAS



## DOMINICAN COLLEGE WICKLOW

PRE-ENROLMENT FORM FOR 2<sup>ND</sup> – 6<sup>TH</sup> YEAR AUGUST 20\_\_\_\_

SURNAME: \_\_\_\_\_

FULL FIRST NAMES: \_\_\_\_\_  
(as on Birth Certificate)

FIRST NAME: \_\_\_\_\_  
(name by which she is usually known)

DATE OF BIRTH: \_\_\_\_\_

PPS No: \_\_\_\_\_

IS BIRTH CERTIFICATE ATTACHED?

Yes  No

RELIGION: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

FULL POSTAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FATHER'S DETAILS:

FATHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

FATHER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER'S HOME PHONE: \_\_\_\_\_

FATHER'S MOBILE PHONE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PREVIOUS SCHOOL:  
(Please give both name and town, e.g. St. Brigid's, Kilcoole)

NAME: \_\_\_\_\_

TOWN: \_\_\_\_\_

PRESENT CLASS: \_\_\_\_\_

### MOTHER'S DETAILS:

MOTHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MOTHER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

MOTHER'S HOME PHONE: \_\_\_\_\_

MOTHER'S MOBILE PHONE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

NAMES OF ANY SISTERS ALREADY OR FORMERLY  
IN THE SCHOOL:

\_\_\_\_\_  
\_\_\_\_\_

IS SCHOOL TRANSPORT REQUIRED? Yes  No

ANY FURTHER INFORMATION regarding the student (e.g. health problems) which you think we should be aware of:

\_\_\_\_\_

Tel: 0404-68111  
Fax: 0404-68850

\_\_\_\_\_  
(date of application)

VERITAS



## DOMINICAN COLLEGE WICKLOW

PRE-ENROLMENT FORM FOR 1<sup>ST</sup> YEAR AUGUST \_\_\_\_\_

SURNAME: \_\_\_\_\_

FULL FIRST NAMES: \_\_\_\_\_  
(as on Birth Certificate)

FIRST NAME: \_\_\_\_\_  
(name by which she is usually known)

DATE OF BIRTH: \_\_\_\_\_

PPS No: \_\_\_\_\_

IS BIRTH CERTIFICATE ATTACHED?

Yes  No

RELIGION: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

FULL POSTAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FATHER'S DETAILS:

### MOTHER'S DETAILS:

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

FATHER'S ADDRESS: \_\_\_\_\_

MOTHER'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FATHER'S HOME PHONE : \_\_\_\_\_

MOTHER'S HOME PHONE: \_\_\_\_\_

FATHER'S MOBILE PHONE: \_\_\_\_\_

MOTHER'S MOBILE PHONE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PREVIOUS SCHOOL:  
(Please give both name and town, e.g. St. Brigid's, Kilcoole)

NAMES OF ANY SISTERS ALREADY OR FORMERLY  
IN THE SCHOOL:

NAME: \_\_\_\_\_

\_\_\_\_\_

TOWN: \_\_\_\_\_

\_\_\_\_\_

PRESENT CLASS: \_\_\_\_\_

IS SCHOOL TRANSPORT REQUIRED? Yes  No

ANY FURTHER INFORMATION regarding the student (e.g. health problems) which you think we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_