



St Angela's College

First Year Enrolment Application Form **2027**



Please complete in **BLOCK CAPITAL**

STUDENT INFORMATION

Surname: _____ Christian Name: _____ Student PPS No: _____

Address: _____ Post code: _____

Date of Birth: _____

Religion: _____ Nationality: _____ Country of Birth: _____

Parent E-mail address(s): _____

Name and Address of present Primary School: _____

Category 1: Name/s of sister/s currently attending St Angela's College:

1. Name: _____ Date of Birth: _____ Class: _____

2. Name: _____ Date of Birth: _____ Class: _____

Category 2: A sibling of a student who completed their Leaving Certificate in St Angela's College

Name/s of sister/s previously in St Angela's College _____ Year of L.C. _____

Name/s of sister/s previously in St Angela's College _____ Year of L.C. _____

Category 3: Daughter(s) of a current member of the teaching or ancillary staff of the School

Name of staff member: _____

Category 4: Daughter(s) of past students who completed their Leaving Certificate in St Angela's College

Name of mother who attended St Angela's College _____ Year of L.C. _____

(Mother's Maiden name)

PARENT/GUARDIAN DETAILS

Name of Mother: _____ Mobile No: _____

Name of Father: _____ Mobile No: _____

Does your daughter hold an Irish Exemption? Yes ☐ No ☐

If you answered **YES**, a copy of the exemption granted through the Primary School **must be provided** following an offer and acceptance of a place in St Angela's College

I **certify** that the above information is correct and I wish to have the above-named child considered for registration in St Angela's College.

Signature (1) _____ (2) _____ Date: _____

Parent/Guardian

Parent/Guardian

Note: The signature of both Parents/Guardians is required on the application form.

For office use only	Application received	Receipt given/posted