

t: +353 1 2078007
m: +353 85 1515768
e: info@rosemont.ie
w: www.rosemont.ie



**ROSEMONT
SCHOOL**

Rosemont School

Enniskerry Road
Sandyford
Dublin 18

APPLICATION FORM (w)

Surname: _____ **Date of Birth:** _____

First Names: _____ **Country of Birth:** _____
(as on birth certificate)

Religion: _____ **Intended year of Entry:** _____

Previous school(s) attended:	
-------------------------------------	--

Present class: _____ **PPS Number:** _____

Sports:	
Other interests:	
Illnesses:	

Parents:	Father	Mother
Full Name:	_____	_____
Occupation:	_____	
Religion:	_____	
Phone No:	_____	
Mobile No:	_____	
Email Address:	_____	

Home Address:	
Home Phone No:	

Number of other children in family: _____

Name **Age** **Class in school or occupation**

Signature of parent or guardian: _____

Date: _____

NB. Please attach two most recent school reports