

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

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

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

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

Current School:	
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Present class: _____ **PPS Number:** _____

Sports:	
Other interests:	
Illnesses:	

Parents: **Father** **Mother**
Full Name:

Address: _____

Religion: _____

Phone No: _____

Mobile No: _____

Personal Email

Address: _____

Student's Home Address:	
Student's Home Phone No:	

Mother past pupil of Rosemont: Yes No
Older sisters in or finished Rosemont: Yes No

Name & DOB of younger sisters:

I consent to have our details used for communication from the school via post email sms
text message

I am the child's legal guardian

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APPLICATION FORM

I/We are parent(s) / guardian(s) agree to adhere to and support all school policies throughout our daughter(s)'s education in Rosemont

Signature of parent or guardian:

Date:
