



Blackrock College

Blackrock, Co. Dublin.
Telephone: 01 7060624
Email: registration@blackrockcollege.com

FORM OF APPLICATION - BOARDING

Boarding School

Proposed Year of Entry

20

i.e. 1st 2nd 3rd 4th 5th 6th

Please complete using Black Pen

STUDENT DETAILS

| | | | | | | | | | | | | | | | |
|--|--|---------------------------|----------------|-----------|--|----------------|---------------------------------|----------|--|-------|--|----------------|--|---------|--|
| First Name | | Middle Name | | Known as | | Surname | | | | | | | | | |
| Date of Birth: | | | Place of Birth | | | PPS Number | | Religion | | | | | | | |
| Primary Education: | | | | | | | | | | | | | | | |
| Secondary Education: | | | | | | | | | | | | | | | |
| State Examinations Taken: | | | | | | | | Year: | | | | | | | |
| Home Address: | | | | | Irish Exemption: | | | | | | | | | | |
| | | | | | Nationality: | | | | | | | | | | |
| PARENT/GUARDIAN | | | | | PARENT/GUARDIAN | | | | | | | | | | |
| Name: | | | | | Name: | | | | | | | | | | |
| Occupation: | | | | | Occupation: | | | | | | | | | | |
| Home Phone | | Work Phone | | | Home Phone | | Work Phone | | | | | | | | |
| Mobile Phone | | Email Address | | | Mobile Phone | | Email Address | | | | | | | | |
| Skype/Face time address | | | | | Skype/Face time address | | | | | | | | | | |
| If either parent resides at an address other than above please specify: | | | | | | | | | | | | | | | |
| Agency Details if applicable: | | | | | | | | | | | | | | | |
| Name: | | | Phone: | | | email: | | | | | | | | | |
| MEDICAL HISTORY | | | | | | | | | | | | | | | |
| Please confirm all vaccinations have been received: (Please tick below) | | | | | | | | | | | | | | | |
| BCG Tuberculosis: Measles: Mumps: Rebella: Diphtheria: Polio: Tetanus: Whooping cough: Meningococcal C (MenC): | | | | | | | | | | | | | | | |
| Please confirm any allergies or medical requirements: | | | | | | | | | | | | | | | |
| FAMILY HISTORY | | | | | | | | | | | | | | | |
| Past Pupil's Name | | Relationship to applicant | | | Year of Graduation | | Brothers currently in Blackrock | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| How Did you hear of Blackrock College: (Please tick below) | | | | | Registration Fee €100 paid by: (Please tick below) | | | | | | | | | | |
| Family: | | Friend: | | Internet: | | Advertisement: | | Other: | | Cash: | | Bank Transfer: | | Cheque: | |

Please note that this is an Application Form. All applicants are placed on a waiting list. Admissions are made by the Principal, in consultation with the Director of Boarding, according to the availability of places. Before acceptance an interview will be arranged, as necessary, and the submission of a recent School Report will be required. Allocation of boarding places follows the completion of an interview process.

All Second to Sixth Year applications must be accompanied by the applicant's latest academic reports and, where applicable, State Examination results. Details of our enrolment policy may be downloaded from our website www.blackrockcollege.com.

Completed forms should be returned to the Registrar and a non-refundable, non-deductible administration fee of €100 must accompany each application.

Signed: _____

Date: _____



Blackrock College

Blackrock, Co. Dublin.

Telephone: 01 7060624

EMail: registration@blackrockcollege.com

PERSONAL DETAILS

(To be completed by the applicant)

| | |
|----------------|--|
| NAME | |
| ADDRESS | |
| AGE | |
| CURRENT SCHOOL | |

INTERESTS

Please list details of your musical, sporting or other interests and any awards won to date

| | |
|--------------------|--|
| MUSICAL INTERESTS | |
| SPORTING INTERESTS | |
| OTHER INTEREST | |

In the space provided complete the following statement

I would like to attend Blackrock College because:

| |
|--|
| |
|--|

Return this form to

The Registrar, Blackrock College, Blackrock, Co. Dublin enclosing a copy of a recent academic report.