



Blackrock College

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

FORM OF APPLICATION 3rd – 6th Year Day School

Proposed Year of Entry

20_____

i.e. 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	
If either parent resides at an address other than above please specify:				

MEDICAL HISTORY

Please confirm all vaccinations have been received: (Please tick below)

BCG Tuberculosis: Measles: Mumps: Rubella: Diphtheria: Polio: Tetanus: Whooping cough: Meningococcal C (MenC):

Please confirm any allergies or medical requirements:

FAMILY HISTORY

Brothers currently in Blackrock	Past Pupil's Name	Relationship to applicant	Year of Graduation
		Registration Fee €100 paid by: (Please tick below)	
		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, 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. Places will be allocated as they become available.

All Third to Sixth Year applications must be accompanied by the applicant's latest academic reports and, where applicable, State Examination results. Details of our Admissions 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. Bank details can be obtained from the website or by emailing: registration@blackrockcollege.com

Signed: _____

Date: _____



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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:

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Return this form to

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