



Iontaobhas Scoileanna Éamainn Rís
Edmund Rice Schools Trust

St. David's C.B.S.
Artane, Dublin 5

Principal: Mr. Michael Nally

Deputy Principal: Mrs. Martina Flanagan

Application Form

Year of Entry: _____

Personal Details

Surname: _____

First name: _____ Middle name: _____

*(Please note it is school policy to record surnames as per birth certificate which **must be supplied before entry**)*

Address: _____

Date of birth: _____ Country of birth: _____

Religion: _____

PPSN of student: _____ Student's medical card number: _____

(This can be obtained from the Client Identity Section of Social & Family Affairs 7043281)

Family Details

Mother's name: _____ Father's name: _____

Mother's maiden name: _____

Email address: _____ Email address: _____

Home phone no: _____ Home phone no: _____

Mobile no: _____ Mobile no: _____

Employment: _____ Employment: _____

Work phone no: _____ Work phone no: _____

Brother(s) currently or previously in St. David's: _____

(Please Turn Over)

"A Quality Education For Each Student"



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Emergency & Medical Details

In the event that the school is unable to contact the above please give another name and number the school can contact.

Name: _____ **Connection to family:** _____
(Relation, Neighbour)

Phone Numbers: _____

Family Doctor's name: _____

Family doctor's phone number: _____

Medical conditions: _____

Education Details

Name & address of present school: _____

Teacher's name: _____

Current class/year: _____

Psychological / Educational Report(s): Yes: _____ No: _____

Diagnosis: _____

Report(s) Included: Yes: _____ No: _____

Signed: _____ **Date:** _____
(Parent(s)/guardian(s))

(€20 Deposit secures a place on the school waiting list)

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