



*Farranree  
Cork  
T23WD99*

Principal: Adrian Gibbs

*Tel: 021-4303330 Fax: 021-*

*4303411*

Deputy Principal: Mary O'Connell

E-mail: [info@northpres.ie](mailto:info@northpres.ie)

Website: northpres.ie

## Application Form

Please use BLOCK CAPITALS when completing this form.

### Student's Details

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ P.P.S. Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Mother's Mobile No: \_\_\_\_\_ Father's Mobile No: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

### Guardian information (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Other contact No: \_\_\_\_\_

## Medical Information

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Card Yes  No

Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sisters Currently in this School:

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Primary School Attended: \_\_\_\_\_

Name of Teacher (6th Class): \_\_\_\_\_

## Additional Contact Person

Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signed: \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed Application Form to the school along with the **original** long form Birth Certificate & Two Passport-type Photographs by the 23<sup>rd</sup> October 2020 (last Friday in October).