



stratford | college

Application Form

Stratford College

Co-educational Secondary School, 1 Zion Road, Rathgar, Dublin 6, Ireland.

Tel: +353 1 492 2315 Fax: +353 1 492 0372

E-mail: admin@stratfordcollege.ie Website: www.stratfordcollege.ie

Section A | Personal Profile

Surname of applicant:	<input type="text"/>	Please attach recent passport photo here
Forename:	<input type="text"/>	
Date of birth:	<input type="text"/>	
Nationality:	<input type="text"/>	
First language:	<input type="text"/>	
Other languages:	<input type="text"/>	
Present postal address:	<input type="text"/> <input type="text"/> <input type="text"/>	
Is father/mother a past pupil of the school?	No <input type="radio"/> Yes <input type="radio"/> Year: <input type="text"/>	
Any other Stratford College connection?	<input type="text"/> <input type="text"/>	
Religious Denomination (if any):	Mother: <input type="text"/> Father: <input type="text"/> Child: <input type="text"/>	

In the case of a Jewish application, please include Ketuba as relevant.

Please inform the school of any changes to your contact details, otherwise the application may lapse.

Section B | Family Profile

Father

First name:	<input type="text"/>	Family name:	<input type="text"/>
Address (if different from postal address above):	<input type="text"/> <input type="text"/> <input type="text"/>		
Employer:	<input type="text"/>	Occupation:	<input type="text"/>
Telephone:	Home: <input type="text"/>	Work: <input type="text"/>	Mobile: <input type="text"/>
Fax:	<input type="text"/>	E-mail:	<input type="text"/>

Mother

First name: Family name:

Address (if different from postal address above):

Employer: Occupation:

Telephone: Home: Work: Mobile:

Fax: E-mail:

Guardian

First name: Family name:

Address (if different from postal address above):

Employer: Occupation:

Telephone: Home: Work: Mobile:

Fax: E-mail:

If neither parent/guardian can be contacted is there anyone else who could be contacted in an emergency?

Other children in the family:

1	Name: <input type="text"/>	Interested in place in Stratford College	Yes	As of: <input type="text"/>
	Date of birth: <input type="text"/>			
2	Name: <input type="text"/>	Interested in place in Stratford College	Yes	As of: <input type="text"/>
	Date of birth: <input type="text"/>			

Note: Completion of this section does not constitute an application. Please ensure a completed form is returned for each of your children.

Section C | Education Profile

Name of current school:

Current school address:

Current class/year: Student PPS:
Available from Primary School of Dept. of Social & Family Affairs

Previous school:

Does your child study Irish? No Yes
If no, please enclose a Certificate of Exemption

State other languages studied:

B) This section must be completed by all applicants. Failure to do so may delay the processing of the application.

Has your child any learning/emotional/behavioural disorders? No Yes

Does your child have any physical disabilities? No Yes

C) List the sports played by your child.

Does your child play at school? No Yes

Does your child play at club level? No Yes

Section D | Medical Profile

Does your child have any medical conditions? No Yes
If yes, please give details including any regular medication.

Does your child have any allergies? No Yes
If yes, please give details.

Does your child have any special dietary requirements? No Yes
If yes, please give details.

Doctor: Telephone:

In the event of administration of medicines an indemnity form should be completed and returned to us (available from the school administrator). The school has no obligation to administer medication.

Section E | Miscellaneous

How did you learn about Stratford College?

Past Pupil

Other Parent

Employer

Relocation Company

Previous School

Colleague

Your Country's Embassy

Advertisement
Please specify publication.

Please read carefully

I/We understand that a deposit is payable when a pupil is formally offered a place in the school. The sum is comprised of an advance on fees for the relevant academic year and a deposit which is offset against our son's/daughter's last year's fees. All applications are subject to the school's Admissions Policy (a copy of which is available on www.stratfordcollege.ie or from the school office by request).

I/We hereby agree that if our child is enrolled as a registered student of the school, we shall not withdraw him/her without serving one term's notice or paying one term's fees in lieu. While our child is a student of Stratford College, our child will be subject to all rules and regulations, including any future changes, as set down by the Code of Behaviour. The decision of the school management will be binding in all matters of discipline.

I/We will keep the school informed of any changes to the information on this form. We understand that failure to do so may cause the application to lapse.

My/Our contact details will be forwarded to the Parents' Association.

Signature of Father and Mother or Guardian: Father: Mother:

Guardian: Date:

Checklist: Photo (Passport) Recent school reports
 Birth Certificate Other relevant documentation if any

Please return this completed application form to:
 School Administrator, Stratford College, 1 Zion Road, Rathgar, Dublin 6, Ireland.

For office use only

Application received by school.....	Interviewed on.....
Birth certificate checked and returned.....	Offered a place.....
Siblings in school.....	Accepted/Declined.....
Deposit paid.....	Starting date.....