

Principal
Mr. C. Mc Ginley

Deputy Principal
Mr. G. Lambe



Founded 1861

St. Mary's College,
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APPLICATION FORM

(It is essential that all the information requested on this form be supplied, otherwise the application will not be processed)

Student's Surname : _____

Student's First Name : _____ Male: _____ Female: _____

Date of Birth : _____ Nationality : _____

Home Address: _____

Contact Name & Phone No. during school hours : _____

Home Phone No.: _____ Email Address : _____

Religious affiliation : _____

Mother's Name : _____ Occupation : _____

Father's Name : _____ Occupation : _____

Guardians' Names : _____

No. of children in family : _____ Student's place in family : _____

Number of sisters : _____ Number of brothers : _____

Names of brothers or sisters in this school : _____

Previous school attended: _____

Does the student have Special Educational Needs? _____

Medical Conditions of which the school should be aware:

(1) _____ (2) _____

Signature of Parent(s)/ Guardian(s) (1) _____

(2) _____

Date for which admission is requested : _____

Please return completed Application Form to the College office.