

ST ANDREW'S COLLEGE Senior School Application Form Second to Sixth Year (Not to be used for First Year)

For Admission in Year, Term	Proposed Class of entry		
Child's Surname	First Name		
Date of Birth	Gender		
Religious Denomination			
Mother tongue language			
Child's PPS number	_		
Address			
Current School			
	Dates		
	Dates		
Parent 1 Full Name (including maiden name)			
Parent 1 Nationality	Parent 1 Home Telephone		
Parent 1 Mobile Number			
Parent 1 Email Address			
Parent 1 Address (if different from above)			
Parent 2 Full Name (including maiden name)			
Parent 2 Nationality	Parent 2 Home Telephone		
Parent 2 Mobile Number			
Parent 2 Email Address			
Parent 2 Address (if different from above)			
Medical details. Kindly detail any relevant inform	mation such as if your child has a medical condition		
that the school should be aware of:			
Connection with St Andrew's College (eg child of	or grandchild of past pupil, sibling attending) Full		
details needed:			

Please indicate if either parent is an employee of any of the following, please circle: European Commission, European Foundation, European Food & Veterinary Office, European Parliament. Yes No			
I enclose an (https://www. I undertake regarding di the college fe being regard. Please make provided on	scipline, and to pay the school fees ee notification. I also undertake to ling notice of withdrawal. sure that the information provided	d=786) be in foin such a conform is full a ighest st	orce in the school from time to time amount and as such times as notified in to any regulations in force for the time and complete. Any personal information and ards of privacy and confidentiality,
Signature	•••••••••••••••••••••••••••••••••••••••	Date	••••••