

OFFICE USE ONLY YR \_\_\_\_ ISSUED \_\_\_\_  
 REC \_\_\_\_ OP \_\_\_\_ CON \_\_\_\_

PLEASE NOTE:  
 A COPY APPLICANTS BIRTH CERTIFICATE  
MUST ACCOMPANY THIS FORM.  
 INCOMPLETE FORMS WILL BE RETURNED



**DROGHEDA GRAMMAR SCHOOL  
 APPLICATION FORM**

**Ph: 041-9838281 Fax: 0419838638**  
**info@droghedagrammarschool.ie**  
**www.droghedagrammarschool.ie**

STUDENT SURNAME		FIRST NAME		MIDDLE NAME	
DATE OF BIRTH		MALE / FEMALE		STUDENT P.P.S.N. Must be provided or form will be returned	
ADDRESS					
HOME TEL. NUMBER		COUNTRY OF BIRTH		Nationality	Religion
Rel. Denom.					
EMAIL: Please provide an email address that is checked regularly -					
NUMBER OF CHILDREN IN FAMILY			POSITION OF APPLICANT IN FAMILY		
YEAR OF ENTRY		DAY PUPIL / OVERSEAS BOARDER / EVENING STUDY REQUIRED (5:00pm to 7:30pm)			
BEGINNING TERM... please circle AUTUMN / SPRING / SUMMER			Please circle the year you are applying for: 1 <sup>st</sup> year/ 2 <sup>nd</sup> year / 3 <sup>rd</sup> year/ TY / 5 <sup>th</sup> year/ 6 <sup>th</sup> year		
NAME AND FULL ADDRESS OF PRESENT SCHOOL:		DATES ATTENDED FROM ____ TO ____		NAME OF SCHOOL PRINCIPAL	

**PARENT/GUARDIAN DETAILS**

MOTHER'S NAME		FATHER'S NAME	
MOTHER'S MAIDEN NAME (required)			
MOTHER'S MOBILE NUMBER		FATHER'S MOBILE NUMBER	
ADDRESS		ADDRESS	
OCCUPATION	PLACE OF WORK:	OCCUPATION	PLACE OF WORK:
WORK TELEPHONE NUMBER		WORK TELEPHONE NUMBER	

**SPECIAL INFORMATION CONCERNING APPLICANT: PLEASE CIRCLE THE FOLLOWING IF APPLICABLE:**

ANY MEDICAL CONDITION OR ALLERGIES YES / NO if yes please detail

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SPECIAL EDUCATIONAL NEEDS - YES /NO if yes please detail and **attach copies of reports/assessments**

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SPECIAL FAMILY CIRCUMSTANCES - YES/ NO if yes please give details

TRANSFER FROM ANOTHER SECONDARY SCHOOL - YES / NO if yes please state reason and **attach school reports for previous academic year**

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**HOW DID YOU HEAR ABOUT DROGHEDA GRAMMAR SCHOOL?**

PROSPECTUS	
PRESENT SCHOOL	
FRIENDS	
FAMILY MEMBER ATTENDING (please give name)	
PARENT PAST PUPIL	
WEBSITE	
OTHER	

NAME OF FAMILY DOCTOR \_\_\_\_\_ TEL \_\_\_\_\_ MEDICAL CARD YES \_\_\_\_\_ NO \_\_\_\_\_

**School Terms & Conditions – Please read carefully and sign below:**

I wish to enter my son/daughter as a pupil in Drogheda Grammar School.

If my child is accepted for entry I hereby undertake for myself and for him/her to observe the rules and regulations of the school made or to be made, as laid down in the school's code of behaviour.

I agree to be responsible for and to discharge all fees when due. I understand that the school reserves the right to cancel a pupil's place during the course of the school year in the event of non-payment of school fees and failure to engage with the school on a suitable payment plan.

I declare that everything I have stated on this form is true and accurate and that I am aware that an untrue statement on this or subsequent forms could lead to the withdrawal of any offer of a place or the removal of the applicant from the school.

\_\_\_\_\_  
**Mother's Signature**

\_\_\_\_\_  
**Father's Signature**

\_\_\_\_\_  
**Student's Signature**

**Completed applications to: Admissions Office - Drogheda Grammar School, Mornington Road, Drogheda, Co. Louth**

