



Pupil Registration Form

First Name(s) _____

Surname _____

Date of Birth _____/_____/_____

Home Address _____

Postcode _____

Telephone No _____

Mobile No _____

Email Address _____

Previous School Attended _____

Does your son/daughter have any brothers/sisters/relatives in the school? YES / NO

If yes, please give names and their age _____

Religion _____

(Catholic children please note we require a copy of your child's baptism certificate)

Place of Baptism _____

Date of Baptism _____

