



**Dominican College
Sion Hill
Blackrock
A94 TP97
Co Dublin**

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Principal: Ms Sheila Drum
Deputy Principal: Mr Gerry Killion

**APPLICATION FORM
FOR ENTRANTS INTO FIRST YEAR**

Surname: _____

Date of Birth: _____

First Name: _____

Home Phone: _____

Address: _____

Student Phone: _____

Nationality: _____

P.P.S. No: _____

Religion: _____

Previous School: _____

Enrolment for September 20 into First Year

Exempt Irish YES NO

If exempt from Irish give reason:

PARENTS/GUARDIANS

Mothers Maiden Name: _____

Mother: _____

Father: _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Email Address: _____

Email Address: _____

If mother is a past pupil of Sion Hill, please state year of leaving: _____

If there is an older sister attending the school at present, or who will enrol before the present applicant, please give name and year of entry

Name: _____

Year of Entry: _____

If there is any information relating to health, family circumstances, learning competence or other issues that the school should be aware of, please indicate so here, or on a separate page.

This application should be returned with a copy of the applicant's Birth Certificate
Admissions policy available on www.sionhillcollege.ie