



**CORPUS CHRISTI GNS**  
**Homefarm Rd.,**  
**Drumcondra**

**Year Commencing.....**  
**Class .....**  
**Date of application.....**

NAME OF PUPIL.....

ADDRESS.....

DATE OF BIRTH..... NATIONALITY..... email address: .....

Pupil's Name in Irish (if known) .....

LIVING IN CORPUS CHRISTI PARISH	Yes	No
Is there a SISTER IN SCHOOL	Yes	No
Is the Parent a PAST PUPIL	Yes	No

Sister's name and class: .....

If a past pupil Mother's maiden name.....

PHONE NO. HOME .....Mother's Work No. .... Father's Work No.....

Mother's mobile no..... Father's mobile no.....

Does your child have a medical condition that should be made known to the school?

MEDICAL details.(Physical).....

.....

Is your child on any medication? Yes  No

Does your child have any special needs that should be made known to the school Yes  No

SPECIAL NEEDS.....

.....

Name and address of PLAYSCHOOL /PREVIOUS SCHOOL

.....

CLASS.....

RELIGION..... Place of BAPTISM.....

DATE. of BAPTISM.....

PLACE OF 1st COMMUNION..... PLACE OF CONFIRMATION.....N/A.....

FATHER'S NAME..... OCCUPATION.....

MOTHER'S NAME..... OCCUPATION.....

NAME OF SCHOOL TO WHICH YOU INTEND SENDING YOUR CHILD WHEN SHE COMPLETES HER TERM IN CORPUS CHRISTI

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SIGNED..... [PARENT]..... DATE.....

**Please note** completed application forms **will not necessarily guarantee your child a place in school.** In the event of having to curtail our intake of pupils the criteria laid down by the BOM shall determine who shall be granted a place. Details available from the principal.