

Cross & Passion College, Kilcullen, Co. Kildare Telephone: (045) 481524 Email: admin@cpckilcullen.com



Principal: Joe Leonard Deputy Principals: Katriona Harney, Fiona Lennon

<u>Application Form 2021/2022(Closing Date 22nd October 2020)</u> Student Information

Forename:	Surname:		
Birth Certificate – Name as appears on Birth Certificate			
Forenames:	Surname:		
Date of Birth:	PPS No:		
Gender: Male Female	Nationality:		
Mothers Maiden Name:	Religion:		
Address 1:	Address 2:		
Address 3:	Address 4:		
County:	Eircode:		
Primary School Department Roll Number: Language Choice: French	German Please tick one Box		
Primary School Department Roll Number: Language Choice: French			
Primary School Department Roll Number: Language Choice: French Parental/Guardian/Foster Mothers Name:	German Please tick one Box Information (Please Tick one) Fathers Name:		
Primary School Department Roll Number: Language Choice: French Parental /Guardian /Foster Mothers Name: Address:	German Please tick one Box Information (Please Tick one) Fathers Name:		
Primary School Department Roll Number: Language Choice: French Parental/Guardian/Foster Mothers Name:	German Please tick one Box Information (Please Tick one) Fathers Name:		
Primary School Department Roll Number: Language Choice: French	German Please tick one Box Information (Please Tick one) Fathers Name: Address:		
Primary School Department Roll Number: Language Choice: French	German Please tick one Box Information (Please Tick one) Fathers Name: Address: (if different to Students) Mobile Number:		
Primary School Department Roll Number: Language Choice: French	German Please tick one Box Information (Please Tick one) Fathers Name: Address: (if different to Students) Mobile Number: Home Number:		
Primary School Department Roll Number: Language Choice: French Parental/Guardian/Foster Mothers Name: Address: (if different to Students) Mobile Number: Home Number: Work Number:	German Please tick one Box Information (Please Tick one) Fathers Name: Address: (if different to Students) Mobile Number: Home Number: Work Number:		
Primary School Department Roll Number: Language Choice: French	German Please tick one Box Information (Please Tick one) Fathers Name: Address: (if different to Students) Mobile Number: Home Number: Work Number: Occupation:		
Primary School Department Roll Number: Language Choice: French Parental/Guardian/Foster Mothers Name: Address: (if different to Students) Mobile Number: Home Number: Work Number: Occupation:	German Please tick one Box Information (Please Tick one) Fathers Name: Address: (if different to Students) Mobile Number: Home Number: Work Number: Occupation:		
Primary School Department Roll Number: Language Choice: French Parental/Guardian/Foster Mothers Name: Address: (if different to Students) Mobile Number: Home Number: Work Number: Occupation: Email:	German Please tick one Box Information (Please Tick one) Fathers Name: Address: (if different to Students) Mobile Number: Home Number: Work Number: Coccupation: Email:		

Please provide an alternative contact name and number other than Parent/Guardians with whom the school can contact in case of emergency/illness.			
Contact Name:	Number:	Relationship to Student:	
Does Student have a brother	/sister attending Cross & P	assion College: Yes/ No	
If yes please give Name and Class:			
Does student have a brother/sister who is a Past Pupil of Cross and Passion College: Yes/ No			
If yes please give Name and Year Left:			
Please use the space below to tell us anything which will help us in our understanding of this student. All information given is strictly confidential e.g. health problems, medication, allergies, bereavement, separation etc.			
I wish to enrol my son/daughter as a pupil in Cross & Passion College. 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 as outlined in the policies and procedures available from the school office or website.			
Parents/Guardians Signature	:	Date:	
Parents/Guardians Signature	ē	Date:	
Students Signature:		Date:	
The following docume	nts must accompany	this form:	
Please tick documents supplie	ed		
Two Passport Photos			
Child's Birth Certificate (This must be the original lor	ng version ONLY – Photoco	pies will not be accepted)	
Proof of Current residence	dline Phone, Broadband	within 6 Months of anoning data — Printad)	