



OUR
LADY'S
SCHOOL
TERENURE



OUR LADY'S SCHOOL IS UNDER THE MANAGEMENT OF THE LE CHÉILE SCHOOLS' TRUST

PRELIMINARY APPLICATION FORM

(for places in 2nd to 6th Year only)

NAME OF PUPIL: _____ YEAR OF ENTRY: _____

DATE OF BIRTH: _____ ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE (Home/Work) _____ (Mother's/Father's Mobile No.) _____

FULL NAME OF FATHER: _____ FULL NAME OF MOTHER: _____

SISTER/S (present/past pupil/s) NAME/S _____ CLASS _____ PARENT PAST-PUPIL? _____

PRESENT SCHOOL _____ CLASS _____

SIGNED _____ DATE _____

N.B. This form is one of preliminary application only. It does not constitute acceptance of the applicant by the school authorities nor does it imply any obligation on the part of her parent/guardian.

(Please email the school at enrolment@olschool.ie, within a week of mailing, stating proposed year of entry, for confirmation)