



Stratford | National School

Application Form

Stratford National School, Co-educational School, 1 Zion Road, Rathgar, Dublin 6, Ireland.

Tel: +353 1 492 2315 Fax: +353 1 492 0372 E-mail: admin@stratfordcollege.ie Website: www.stratfordns.ie

Section A | Student's Profile

Surname of Applicant: Forename:
Please attach a copy of Birth Certificate.

Date of Birth: Country of Birth:

Nationality: First Language:

How long have you been resident in Ireland? PPS No.:
Available from Dept. of Social & Family Affairs

Student's Home Address:

Religious Denomination (if any):
 Mother: Father: Child:
In the case of a Jewish application, please include Ketuba as relevant.

Year of Proposed Entry: Class of Proposed Entry:

Has your child any already identified learning support needs? No Yes
If yes, please give details.

Section B | Family Profile

Parent 1

Name:

Male Female Natural Parent: Yes No

Parental Responsibility: Yes No
(If NO, please supply details in confidence)

If separated from natural parent, is contact permitted? Yes No

Is there a Court Order pending or in place? Yes No

Address:

Tel: Home

Mobile

Email:

Is parent a past pupil of Stratford National School, Zion N.S, Bloomfield Ave and/or Stratford College:

Please state school and years of attendance.

Any other Stratford NS connection? Yes No

If yes, please give details.

Parent 2

Name:

Male Female Natural Parent: Yes No

Parental Responsibility: Yes No
(If NO, please supply details in confidence)

If separated from natural parent, is contact permitted? Yes No

Is there a Court Order pending or in place? Yes No

Address:

Tel: Home

Mobile

Email:

Is parent a past pupil of Stratford National School, Zion N.S, Bloomfield Ave and/or Stratford College:

Please state school and years of attendance.

Any other Stratford NS connection? Yes No

If yes, please give details.

Other children in the family:

1. Name:	<input type="text"/>	Date of birth:	<input type="text"/>
2. Name:	<input type="text"/>	Date of birth:	<input type="text"/>

Completion of this section does not constitute an application. Please ensure a completed application is returned for each of your children.

Section C | Education Profile



Current School (if any):

Current School Address:

Current Class/Year:

Previous School (if any):

Please furnish the school with the last two most recent school reports.

Section D | Miscellaneous



How did you learn about Stratford National School?

Past Pupil Other Parent Employer Colleague

Relocation Company Previous School Advert (please specify)

Your Country's Embassy Other
(please specify)

Section E | Jewish Applicants



Name of Synagogue membership:

Synagogue where married:

Please read carefully

I/we will keep the school informed of any changes to the information on this form. I/we understand that failure to do so may cause the application to lapse. Contact details will be forwarded to the Parents' Association. I/we give our consent that the information supplied in this application form will be held by the school. All the information is held on the understanding of confidentiality subject to the requirements of the FOI 1997 Act and the Data Protection Acts 1988 and 2003.

Signature of parent or guardian: Parent 1: Parent 2:

Guardian: Date:

Checklist: Birth Certificate Recent School Reports
(for classes Senior Infants to Sixth Class)

Other Relevant Documentation (if any)

Please return this completed application form to:
School Administrator, Stratford National School, 1 Zion Road, Rathgar, Dublin 6, Ireland.



For Office Use Only

Application Received by School.....	Siblings in School
Birth Certificate Checked and Returned	Accepted/Declined
Offered a Place	Starting Date
Signature of Rabbi: <input type="text"/>	Date: <input type="text"/>