



**WESLEY COLLEGE
DUBLIN**

APPLICATION FORM FOR DAY SCHOOL

YEAR 1 - 2019

SURNAME _____ **OTHER NAMES** _____

(please underline the name used every day)

BOY / GIRL _____

DATE OF BIRTH _____ **NATIONALITY** _____

RELIGION (If Christian, please state denomination) _____

PRESENT SCHOOL _____ **CLASS IN PRESENT SCHOOL** _____

NAMES OF PARENTS/GUARDIAN:

ADDRESS(ES)

OCCUPATION(S)

TELEPHONE NUMBER(S)

HOME

***MOBILE**

***EMAIL ADDRESS**

**It is a condition of attendance that all parents/guardians provide a mobile phone number for texting purposes and an e-mail address that is checked regularly to receive communication from the College.*

PREVIOUS CONNECTION with the COLLEGE (if any) _____

OTHER CHILDREN IN FAMILY

Name _____

Date of Birth _____

I apply for admission of the above-named pupil into Wesley College, and I agree to observe the rules and regulations as set forth in The Code of Behaviour and the Fees and General Provisions as amended from time to time.

Signature of Parents/Guardian

Date: _____

Date: _____

Protestant applicants are requested to provide a letter from their Rector, Minister or recognised Church Official.