



# HEADFORT SCHOOL

## APPLICATION FORM

Pupil (*Please indicate with a ✓*)    Boy        Girl      
Day Pupil        Boarder   

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Proposed Entry: \_\_\_\_\_

Previous School: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Please give the history of any significant illness: \_\_\_\_\_

Is he/she allergic to penicillin or any other antibiotic or drug? \_\_\_\_\_

Does he/she suffer from any constitutional peculiarity or physical complaint? \_\_\_\_\_

Are there any other circumstances that the school should know about? \_\_\_\_\_

**Parents/Guardian** (*Please indicate with a ✓ to whom fee claims should be made*)

Father        Mother   

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No. Home: \_\_\_\_\_ Tel No. Home: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Tel No. Business: \_\_\_\_\_ Tel No. Business: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Please turn over/**



## HEADFORT SCHOOL

Side 2 of 2

### THE SMALL PRINT

**Payment of Fees:** School fees are payable in advance, eight days before the beginning of each term.  
*If you wish to pay fees electronically, please contact the school for bank account details.*

It is agreed between the parties that the contract herein was made within the Jurisdiction of the County of Meath, Republic of Ireland.

It is further agreed that one full term's notice in writing, or payment of a term's fee in lieu of such notice, is required prior to the removal of the student from Headfort School.

I, the undersigned, seek admission to Headfort for my \_\_\_\_\_ (state relationship), and enclose the registration fee of €100. This fee is not refundable unless the school refuses admission.

### **Signature of both parents (where applicable):**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Date: \_\_\_\_\_