



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/



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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: _____