



THE KING'S HOSPITAL

Palmerstown, Dublin 20, D20 V256

REGISTRATION FORM

for the admission of an overseas pupil for 7-day boarding

The following **must be included** in order to register your child:

- (a) A copy of the applicant pupil's **BIRTH CERTIFICATE (translated)**.
If the original Birth Certificate is sent, it will be copied and returned.
- (b) A copy of the applicant pupil's **PASSPORT**
- (c) A copy of the applicant pupil's current **SCHOOL REPORT**
- (d) **SCHOOL REFERENCE** on the applicant pupil

FOR OFFICE USE ONLY

Applicant's Surname:	Applicant's First Name:
Year of Entry:.....	Form at Entry:.....
Boarding or Day place:	Religious Denomination:.....
Past Pupil Status:	Sibling Status:.....
Date of issue of Registration Form:	Date of Receipt of Registration Form:
Date of Offer of Place:	Date of Acceptance of Place:.....
Birth Certificate checked and returned:.....	Gender: M <input type="checkbox"/> F <input type="checkbox"/>

*Please complete this form and give the information using
BLOCK CAPITALS or typescript, and then return this form to:*

The Headmaster's Secretary
The King's Hospital, Palmerstown, Dublin 20, D20 V256
Telephone: 01 643 6500 Facsimile: 01 623 0349
E-mail: admissions@kingshospital.ie • www.kingshospital.ie

1. Surname of applicant pupil:
Forenames:
Name by which pupil is generally known:
2. Date of birth of applicant pupil:
Place of birth of applicant pupil:
Nationality of applicant pupil:
Gender of applicant pupil male or female:
3. Proposed year of entry:
Proposed Form at entry: *(If other than Form 1)*
4. Present postal address:
.....
5. Father's name:
Address (if different from No. 4):
.....
Occupation:
Tel: (Home) (Mobile) (Work)
Fax: Personal email:
6. Mother's name: Maiden name:
Address (if different from No. 4):
.....
Occupation:
Tel: (Home) (Mobile) (Work)
Fax: Personal email:
7. Is either parent deceased?
8. Name of Agent/Guardian(s) (if applicable):
Name of Company:
Address:
.....
Tel: (Home) (Mobile) (Work)
Fax: Email:

9. Religious denomination of applicant pupil:.....
Religious denomination of applicant's father:.....
Religious denomination of applicant's mother:
Please see Certificate of Religious Affiliation form on back page.

10. Names of brother/s and sister/s at this school:
.....
Names of brother/s or sister/s who previously attended this school (if applicable):
.....

11. Is either of the applicant's parents a past pupil of this school?

12. Name of applicant pupil's present school:
Present Class/Grade/Eso:.....
What English courses has the applicant pupil attended?
What grades were achieved?
Please provide copies of certificates awarded for English Courses attended.

13. If the applicant pupil has any special educational needs or disability please specify including information about support measures which have already been provided. Could you please enclose all relevant documentation such as educational, psychological or medical reports (*to be translated*). Please note that this information does not affect entry to the school.

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.....

The school reserves the right to seek information from the Principal of the applicant's present school.

I/We wish to make this registration for admission of the above Applicant Pupil to The King's Hospital in accordance with the foregoing information. (***Misinformation on this form will invalidate the application.***)

I/We understand that the completion of this Registration Form places the Applicant Pupil on a registration list for the year/term stated. It DOES NOT GUARANTEE ANY PLACE to him/her either for the year/term requested or for any other year/term. (The procedure for allocating places is explained in the Registration and Admissions Procedure document attached.)

I/We have READ and ACCEPT the school's ***Ethos and Mission Statement, Core Values, Admissions Policy, and Registration and Admissions Procedure*** documents.

*Signature of Parent 1:

Signature of Parent 2:

Signature of Guardian:

Date:

** Both parents should sign this Registration Form, having read the Ethos and Mission Statement, Core Values, Admissions Policy, Registrations and Admissions Procedure documents.*



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Palmerstown
Dublin 20
D20 V256
Telephone: 01 643 6500

CERTIFICATE OF RELIGIOUS AFFILIATION

The Admissions Policy of The King's Hospital offers priority to members of the Church of Ireland and of other mainstream Protestant or Reformed traditions of Christianity. (See *Admissions Policy*.)

For legal reasons concerning fairness in school admission policies, it is now necessary for schools to seek verification of such membership or affiliation.

If you wish to claim this priority for your child, please complete this form and return it to the school with your Registration Form.

Name of Applicant Pupil:

Address of Applicant Pupil:

Religious Denomination:

Parish/Congregation, etc.:

I certify that the applicant pupil is currently affiliated to,
or is a member of, this Parish, Congregation, etc.

☐ Yes ☐ No

and/or

I certify that the applicant's father is currently affiliated to,
or is a member of, this Parish, Congregation, etc.

☐ Yes ☐ No

and/or

I certify that the applicant's mother is currently affiliated to,
or is a member of, this Parish, Congregation, etc.

☐ Yes ☐ No

Name of Rector/Minister/Pastor/Priest:

Address of Rector/Minister/Pastor/Priest:

.....

Signature of Rector/Minister/Pastor/Priest:

Date:

August 2015