The Teresian School

12, Stillorgan Road, Dublin 4 Tel 2691376 Fax 2602878.
E-mail:secretary@teresian.ie

(for office use only)

Surname _____ **First Name** _____

Date of birth _____ **PPS Number** _____

Father's name_____ **Mother's maiden name**_____

E-mail address (please print below)

Address

_____

_____

_____

Contact Numbers

Home _____ **Work (mother)** _____

Mobile _____ **Work (father)** _____

Country of Birth _____ **Nationality** _____

Record of serious illness/allergies

_____

Previous schools attended

Name & Address _____

From_____ **To**_____

Proposed date of entry _____ **Class** _____

I enclose €50 registration fee ☐ **Sibling** ☐ **Past Pupil** ☐

Signature of Parent/Guardian _____ **Date**_____

(for office use only)

*Process*_____ *Acknowl.*_____ *Offer* _____ *Confirm* _____