

**Application Form for students transferring from other 2nd
level schools**

**This form will be accepted by the school in May of each year in respect of the
following September**

**The school's Admission Policy may be viewed in the policies section of the
school website – www.loretowexford.com
It may also be obtained on request from the Principal.**

Surname _____

Christian names _____

Address _____

Date of birth _____ Place of birth _____

Phone/Mobile _____

E-mail _____

Current school _____

Year group for which application is being made _____

Father's Christian name _____

Mother's Christian name _____

Number of children in family _____ Place in family _____

Is, or was, there an older sister attending this school? Yes ____ No ____

Is mother a past-pupil of this school? Yes ____ No ____

I declare that all information given in this Application Form is correct. I understand that it is my responsibility to notify the school in writing of any change of address.

Signed _____ (parent/guardian)

Date _____