

Parent/Guardian Signatures:

Signed _____ Date _____

Signed _____ Date _____

Please send completed applications forms by **26TH OCTOBER** to:

Ann Marie Leonard,
Principal of
Beneavin De La Salle College.
Beneavin Road
Dublin D11 NH7E

Please mark the envelope Admissions 23/24

Please note:

1. This application will be processed under the terms of the school's Admissions Policy 2023/24 which is available on the website www.beneavin.com or from Beneavin De La Salle College.
2. Submission of an application form does not guarantee a place in Beneavin De La Salle College.
3. Further information and documentation may be required by the school when a place has been offered and accepted

PLEASE READ:

I/we confirm that all of the information supplied is complete and correct.

Signature of Parent/s or Guardian/s: _____ Date: _____

NAME IN BLOCK CAPITALS: _____

Signature of Parent/s or Guardian/s: _____ Date: _____

NAME IN BLOCK CAPITALS: _____

Any personal data provided on this form will be used to (i) identify a student and communicate with their parents/guardians (ii) process an application in line with Beneavin De La Salle College admissions criteria (iii) confirm the offer of a place where an application is successful. The information will be retained for an appropriate period thereafter to address any potential queries arising from the application process (or added to the student's file in the case of successful applicants).

Beneavin De La Salle College
Beneavin Road,
Finglas, Dublin D11 NH7E
www.beneavin.com



**BENEAVIN
DE LA SALLE COLLEGE**
APPLICATION FOR ADMISSION
2023/2024



Completed forms must be received between 3rd October and 26th October 2022.

Applications received after 26th October will be treated as late applications.

Completion of this application does not guarantee admission.

The information requested on this form is required. The legal basis for the questions contained in this form is specified in our Admissions Policy. All of the information that you provide on this application will be treated confidentially.

Please complete this form in BLOCK CAPITALS

Student's Personal Details

Surname:	First name/s:
Address:	
Date of Birth:	
Student's name as it appears on birth certificate:	

School that the student is currently attending:

School Name & Address:
For entry into 1st Year, I confirm that the applicant is currently in 6th Class in primary school and will complete 6th Class in June 2023. Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian Details:

PLEASE ENSURE THAT YOU PROVIDE A WORKING EMAIL ADDRESS AND MOBILE PHONE NUMBER AS MOST COMMUNICATION WILL BE BY EMAIL OR TEXT

Surname: _____	Surname: _____
First name: _____	First name: _____
Relationship to Student: _____	Relationship to Student: _____
Tel (home) : _____	Tel (home) : _____
Mobile No: _____	Mobile No: _____
Email Address: _____	Email Address: _____
Postal Address: _____	Postal Address: _____

Prior links with Beneavin De La Salle College (if any):

	Name/s	Years attended
Is your son the Brother/Half-Brother of a pupil/past pupil of the school:		

Has the applicant a parent on the staff of Beneavin De La Salle College? Yes / No

Name of Staff Member _____

FOR OFFICE USE:

--