

Tel: (01) 494 6647
Email: info@olbns.com
Web: www.olbns.com
Roll No: 19314E



Our Lady's Boys National School
Broadford Rise
Ballinteer
Dublin 16 D16 CX60

APPLICATION FORM for the SPECIAL CLASSES

Child's Name: _____

Address: _____

Child's Date of Birth: _____

Mother's Name: _____

Father's Name: _____

Home Phone No: _____

Mobile Phone No . _____ Email address _____

Contact Phone Numbers: (M) _____ (F) _____

Nationality: _____

Religion: _____

Is Child Baptised ? Yes NO Please attach a copy of the certificate if yes.

Name of siblings already attending either Our Lady's Boys or Our Lady's Girls School:

Please indicate any medical condition or special needs we ought to be aware of:

Previous Schools attended:

Year of Application:

Have all up to date Psychologists reports been sent to the school or attached Yes () NO ()

For Office use only: Date Application Received _____ Deposit Received _____