



KILKENNY COLLEGE, CASTLECOMER ROAD, KILKENNY

School Office Tel: 056-7761544 E-mail : info@kilkennycollege.ie

INTENTION TO ENROL FORM

*This form is a request to be placed on the Enrolment list of those intending to apply for a place at Kilkenny College. This form must be submitted on or before September 1st of the year prior to entry. Only forms completed in full and signed by a parent or guardian can be accepted. This is **NOT** an Application Form. Application Forms will be given out or sent to parents/guardians at the time of our Open Days during the month of September of the year prior to entry.*

Year in which the student will commence at Kilkenny College: _____

For: Boarder Boy Boarder Girl Day Boy Day Girl

Surname: _____

Christian Name(s): _____

Address : _____

Telephone Numbers: (A) _____ (B) _____

Email Address: _____

Date of Birth: _____

Schools Attended: _____

Present Class: _____

Nationality: _____ Religion : _____

Names of Parents/Guardians: (A) _____ (B) _____

Does or did the student have a sibling at Kilkenny College? Yes No

Name(s): _____

Signed: Parent/Guardian _____ Date : _____

Please return your completed Form along with a copy of your child's Birth Certificate, a recent school report and any Educational Assessments necessary to :-

The Principal or Admissions Office, Kilkenny College, Castlecomer Road, Kilkenny

You will find our Policy and Procedures on Enrolment on our website at www.kilkennycollege.ie