



Jesus & Mary Secondary School,
Salerno, Salthill, Galway
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APPLICATION FORM

YEAR OF ENTRY TO SALERNO : _____

YEAR GROUP: 1ST 2ND 3RD 5TH 6TH

(Please circle as appropriate)

NAME OF CHILD: _____

DATE OF BIRTH: _____

PRESENT SCHOOL:

PARENT(S)/GUARDIAN(S):

NAME(S): _____

ADDRESS: _____

POSTCODE: _____

HOME NO: _____

MOBILE (S): _____

EMAIL(S): _____

SISTER(S) PRESENT/PAST WHO ATTEND/ED

SALERNO: _____

DATE OF APPLICATION: _____

DATE RECEIVED(OFFICE USE ONLY) _____