



Rockbrook

Secondary School for Boys
Rathfarnham, Dublin 16

+353 1 4933204
secretary@rockbrook.ie
www.rockbrook.ie

APPLICATION FORM

Intended Year of Entry: _____

Student Details:

Surname*	
First Names*	
Date of Birth	
Country of Birth	
Religion	
Current School	
Present Class/Year	
PPS Number	
Home Address	
Home Phone No.	
Sports interests	
Other Interests	
Relevant medical information	

**as on birth certificate*

Family Details:

	Mother	Father
Full Name		
Address		
Religion		
Home Phone No.		
Mobile No.		
Personal Email		

Father is a past student of Rockbrook: Yes No

Older brothers are currently in, or have finished, Rockbrook: Yes No

Names & dates of birth of younger brothers:

Declarations

- I am the boy's legal guardian.
- I consent to have our details used for communication from the school (post, email, SMS).
- I/We as parent(s)/guardian(s) and our son agree to adhere to and support all school policies and procedures throughout our son's education in Rockbrook.

Signature of parent or guardian: _____ Date: _____

The information requested above is required in order to process your application for admission to Rockbrook. The information you provide will be treated confidentially and processed in line with the school's Admission Policy. It will be retained for an appropriate period thereafter to address any potential queries arising from the application process or added to the student's school file in the case of enrolling applicants. Further information on the handling of your personal data, including how to exercise your rights under GDPR, is set out in the school's Data Protection Policy, available on the school website.