



Cross & Passion College, Kilcullen, Co. Kildare
Telephone: (045) 481524
Email: admin@cpckilcullen.com



Principal: Joe Leonard
Deputy Principals: Aisling Reigh, Sabrina Mills

1st Year Application Form 2027/2028

Must be received between 1st October and 22nd October 2026

(Applications received after this will be treated as Late Applications)

Student Information

Known as

Forename: _____ Surname: _____

Birth Certificate – Name as appears on Birth Certificate

Forenames: _____ Surname: _____

Date of Birth: _____ **PPS No:** _____

Gender: Male _____ Female _____ Country of birth: _____

Mother's Maiden Name: _____ Religion: _____

Student's Address:

Address 1: _____ Address 2: _____

Address 3: _____ Address 4: _____

County: _____ **Eircode:** _____

Parent/Guardian Details:

Name: _____

Relationship to Student: _____

Address: _____

(If different to Student's)

Mobile Number: _____

Home Number: _____

Email: _____

Past Pupil: Yes ____ / No ____

If yes in what year did you leave _____

Name: _____

Relationship to Student: _____

Address: _____

(If different to Student's)

Mobile Number: _____

Home Number: _____

Email: _____

Past Pupil: Yes ____ / No ____

If yes in what year did you leave _____

Parents' Correspondence Title: Mr. & Mrs. / Mr. / Mrs. / Ms _____

For Office Use Only: Birth Cert: ☐ Proof of Address: ☐ Copied: ☐

Date: _____ Time: _____ Received By: _____

Does the Student have a brother/sister attending Cross & Passion College: Yes ____ / No ____

If yes please give Name and Class: _____

Does student have a brother/sister who is a Past Pupil of Cross and Passion College: Yes ____ / No ____

If yes please give Name and Year they Left: _____

Name of Student's Primary School: _____

Primary School Department Roll Number: _____

I confirm that this applicant is currently in 6th class in primary school and will complete 6th class in June 2027: Yes ☐ No ☐

Cross and Passion College has three special classes for students with Autism/AS. Do you wish to apply for a place in the AS Special Class: ☐ ☐

Declaration

I/We confirm that all of the information supplied is complete and correct ☐

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

The following documents must accompany this form:

Please tick documents supplied

Child's Birth Certificate ☐

(This must be the original version ONLY – Photocopies will not be accepted)

Proof of Current residence ☐

E.g. recent Electricity/Gas Bill, Landline Phone, Broadband - within 6 Months of opening date – Downloaded and Printed.

Mobile Phone Bills/Bank Statements can NOT be accepted.