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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| crest - school notepaper.JPG | **St. Patrick’s J.N.S.**  **Corduff, Blanchardstown, Dublin 15.**  **www.stpatricksjns.ie**  **Ph:01-8211546**  **Enrolment Form/Application for Consideration** | | | | | | | | | | | ***FOR OFFICE USE ONLY***  Birth Certificate □ Proof of address **□**  Baptismal Cert/Corduff Parish □  Date Received: ­\_\_\_\_\_\_\_\_\_\_\_\_  Date of admission:\_\_\_\_\_\_\_\_\_\_ | | | |
| Child’s First Name: | | | | | | Child’s Surname: | | | | | | | | Male □  Female □ | |
| Date of Birth: | | | | | | Child’s PPS Number: | | | | | | | |
| Address: | | | | | | | | | | | | | | | |
| First language spoken in the home: | | | | | | | Select the class you are enrolling your child in.  **J.Inf: □ S.Inf: □ 1st Class: □ 2nd Class: □ ASD Class: □** | | | | | | | | |
| Other language(s) spoken in the home: | | | | | | | Child’s Religion: | | | | | | Baptised: | | |
| Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date arrived:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date arrived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| In case of emergency who is the first Emergency Contact.  Mam □ or Dad □  Other Emergency Contact Person Relationship to child: Ph: | | | | | | | | | |  | | | | | |
| Numbers of Children in the Family: \_\_ Boys \_\_\_\_ Girls  Position of Child in Family (e.g. 1st, 2nd etc.): ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | | | | | |
| Name(s) of Brothers/Sisters  already in **this** School: | | *Name(s):* | |  | | | |  | | |  | | | |  |
| *Class(es):* | |  | | | |  | | |  | | | |  |
| Brothers/Sisters attending  **other** primary schools: | | | *Name(s):* | |  | | | |  | |  | | | |  |
| *School:* | |  | | | |  | |  | | | |  |
| Last School this Child Attended:  Address of Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Class Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Leaving Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Is there a custody order/legal agreement in respect of your child? Yes: **□** No: **□** | | | | | | | | | | | | | | | |
| □ **I understand that any misinformation may invalidate this application.**  □ **I accept that the ethos of the school is Catholic.**  **Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| Please include the following information:   * Proof of Address: *(Original utility bill or bank statement).* * Original Birth Certificate. Baptismal Certificate*(Catholic children only)* * DSM recommendation for ASD applications. | | | | | | | | | | Child’s Roll No:\_\_\_\_\_\_\_\_\_\_\_  Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |