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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |