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| crest - school notepaper.JPG | **St. Patrick’s J.N.S.**  **Corduff, Blanchardstown, Dublin 15.**  **www.stpatricksjns.ie**  **Ph:01-8211546**  **Early Start Enrolment Form**  **Application for consideration** | | | | | | | | | | | | **For Office Use Only**  **Birth Cert** □  **Proof of address** □  **Baptismal Cert** □  **Corduff Parish** □ | | | |
| Child’s First Name: | | | | | | Child’s Surname: | | | | | | | | | Male □  Female □ | |
| Date of Birth: | | | | | | Child’s PPS Number: | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
| First language spoken in the home: | | | | | | | Email address: | | | | | | | | | |
| Other language(s) spoken in the home: | | | | | | | Child’s Religion: | | | | | | | Baptised: | | |
| Mother’s Name:  Country of Origin: Date of arrival in Ireland  Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation:  Place of Work:  Telephone: | | | | | | | Father’s Name:  Country of Origin:  Language(s):  Occupation:  Place of Work:  Telephone: | | | | | | | | | |
| Name of Emergency Contact Person: Relationship to child: Tel: | | | | | | | | | | |  | | | | | |
| 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:* | |  | | | |  | | |  | | | |  |
| Child’s Relevant Health Problems/Allergies: | | | | | | | | | | | | | | | | |
| Has your child had any of the following assessments? Assessment of Need □, Speech & Language □, Psychological Assessment □, Other □ (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Failure to provide the school with all relevant medical, psychological and other reports will invalidate the enrolment application and result in the child being withdrawn from the school.** | | | | | | | | | | | | | | | | |
| Please include the following information:  Proof of Address: (Original utility bill or bank statement).  Original Birth Certificate/ Baptism Certificate (Catholic children only)  Is there a custody order/legal agreement in respect of your child? Yes □ No □ | | | | | | | | | | | | | | | | |
| Any Other Relevant Information:  Creche this child attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Permission to access any relevant information | | | | | | | | | | | | | | | | |
| Please tick possible option: Morning □ Afternoon □ Morning or Afternoon □  □ **I understand that any misinformation may invalidate this application.**  □ **I have read and accept the school’s Code of behaviour.**  □ **I am aware that in applying for a place for my son/daughter there is no guarantee that a place will be made available.**  **Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | |
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