



# St. Patrick's Junior National School

CORDUFF.BLANCHARDSTOWN.DUBLIN 15.

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Principal: Áine Kirwan BEd, HDE, PGD Learning Support, MA

Deputy Principal: Ciara Lavelle BEd, PGD Ed Leadership, MSEN

Date: \_\_\_\_\_

## Record Request Form

I, \_\_\_\_\_, (Parent / Guardian) consent to my child's records  
being passed on from their former school, \_\_\_\_\_  
to St. Patrick's JNS, Corduff, Blanchardstown, Dublin 15.

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

I would appreciate if you could forward these records as soon as possible.  
Thank you for your co-operation.

Parent signature: \_\_\_\_\_

Regards

\_\_\_\_\_  
Áine Kirwan

Principal