

Application Form for Junior Infants September 2021/2022

St. Martin de Porres NS, Heatherview Lawn, Aylesbury, Tallaght, D24HF54

(01) 4511319

smdpnsoffice@gmail.com

PLEASE PRINT IN BLOCK CAPITALS

Child's First Name: _____ Child's Second Name(s)/Family Name: _____

Address: _____ Eircode: _____

Telephone no: _____ Mobile: _____ Email: _____

D.O.B: _____ Male: Female: PPSN: _____

Parents' Nationality: _____ Child's Nationality _____ Language spoken at home: _____

Illnesses/Allergies? _____ Special Educational Need: _____

Religion: (if Christian, please state nomination or Church E.g. (Catholic, Baptist, Church of Ireland etc.) _____

Brothers/sisters in school: 1. Name: _____ Class: _____ 2. Name: _____ Class: _____

3. Name: _____ Class: _____ 4. Name: _____ Class: _____

Have you applied for a place for your child in another school? Yes No

If "yes", please state the name of school: _____ Have you been offered a place there: Yes No

Are there other children in the family? 1. Name: _____ Age: _____ 2. Name: _____ Age: _____

The Child's birth certificate (a copy will do) and proof of address must be supplied with this application. ***It is strongly recommended that your child be 4 on or before April 30th 2019.***

Applications must be returned by: 29th January 2020

N.B. Completion and submission of this application form does not guarantee a place in the school. Places will be offered by 14/02/2020.

Consent Form:

I give permission:

1. for my child to participate in school Outings or Events
2. for school authorities to call a Doctor or ambulance should they deem in necessary
3. to be photographed or videoed while in the care of the school
4. to change clothes should the need arise

Note: *These consents will remain in force while the pupil remains at the school unless it is specifically withdrawn by the parent or guardian.*

Office Use Only

- Offer of Place letter sent
- Acceptance letter received
- Paid
- Meeting letter sent

School Stamp