Application Form for Junior Infants September 2026/2027

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 Se	cond Name(s)/Family	Name:		
Address:				Eircode:		
Telephone no:		Mobile:		Email:		
D.O.B:		Male: Fe	male:	PPSN: _		
arents' Nationality: Child's National			Language spoken at home:			
Illnesses/Allergies?			Special Education	al Need:		
Religion: (if Christian, please	state nomination or (Church E.g. (Catholic, Ba	otist, 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 anotl	ner school? Yes	No			
If "yes", please state the nam	e of school:		Have you been of	fered a place there:	Yes No	
Are there other children in th	e family? 1. Nam	e:	Age:	2. Name:	Age:	
The Child's birth certificate, b	-	• •	•	ust be supplied with this	s application. <i>It is strongly</i>	
Applications must be returne	d by: 28 th January 202	26	•	sion of this application fo	orm does not guarantee a 026.	
For office use: Received/_	_/ B	irth/Baptismal	Proof of a	nddress	Reports	

Consent Form:

l 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						
5. for my child to attend the Church for mass/religious celebrations						
Note: These consents will remain in force while the pupil remains at the school unless it is specifically withdrawn by the parent or guardian.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 School Stamp						
Offer of Place letter sent						
Acceptance letter received						
Paid						
Meeting letter sent						
For office use: Received// Birth/Baptismal Proof of address Reports						