Application Form for Junior Infants September 2024/2025

*St. Martin de Porres NS, Heatherview Lawn, Aylesbury, Tallaght, D24HF54 (01) 4511319* [*smdpnsoffice@gmail.com*](mailto: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, baptismal certificate (a copy of both will do) and proof of address must be supplied with this application. *It is strongly recommended that your child be 4 years old on or before April 30th 2024*.**

**N.B. Completion and submission of this application form does not guarantee a place in the school. Places will be offered by 14/02/2024.**

**Applications must be returned by: 31st January 2024**

**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**

**School Stamp**

**Offer of Place letter sent**

**Acceptance letter received**

**Paid**

**Meeting letter sent**