**St John The Evangelist N.S**

**Adamstown**

**Co Dublin**

**Roll No. 20194E**

**Ph. /Fax: 01 6540358**

**office@stjohntheevangelistns.com**

**Pupil Application Form**

**Date of application:**

**Childs' Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Male/Female**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year of Entry** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Birth of Child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Place of birth of Parents**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Child's P.P.S No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of Brothers/Sisters in school** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please state the Class siblings are in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous School (if any)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language spoken at home** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fathers name & Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mothers name & Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child any illness/allergies** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name/Phone No of family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you give permission for the Doctor to be contacted regarding any allergies/concerns?**

**YES/NO (circle)**

**Do you currently hold a Medical Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

**Are in receipt of a Rent Allowance** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please turn page over)**

**Have you ever had any concerns regarding your child development?**

**YES/NO (circle)**

**(If yes please tick one of the following that is relevant to your concerns)**

**Hearing: \_\_\_\_ Vision: \_\_\_\_ Speech/Language: \_\_\_\_ Other: \_\_\_\_\_**

**Name of Emergency Contact Person (if parents unavailable/must be local) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have You Applied for a School Place in any other school?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes which schools?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent Form**

Child's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occasionally children's photographs are taken for school events and projects which may also be shown on our school website.

Do you give permission? Yes / No (circle)

There will be times when the children will be required to leave the school grounds, as a class and accompanied by teachers, for school outings i.e. Library visits / local activities etc. Parents will be informed in advance where possible.

Do you give permission? Yes / No (circle)

The Code of Behaviour, Ethos and Enrolment policies are all available on the schools website [www.stjohntheevangelistns.scoilnet.ie](http://www.stjohntheevangelistns.scoilnet.ie/)

**This application must be accompanied by Birth Cert, Baptismal Cert (where applicable) and proof of address.**

**Completion of this form does not guarantee a place in the school.**