

St. Joseph's S.N.S.

Application form

DATE: _____

Child's Details

Pupil First Name: _____ Pupil Surname: _____

Birth Cert First Name (if different from above) _____ Birth Cert Surname (if different from above) _____

Pupil Address: _____

Date of Birth: _____ *PPSN _____ * Gender Male [] Female []

Previous School / Playschool: _____

Did your child get extra help with Maths / English _____

Siblings in this school: Name _____ Class _____
Name _____ Class _____

To which ethnic or cultural background group does your child belong (please tick one)?

White Irish [] Irish Traveller [] Roma [] Black African []

Any other White Background [] Any other Black Background [] Chinese []

Any other Asian background [] Other (inc. mixed background) []

Family Details

Mother's Full Name: _____ Occupation _____
Mothers Maiden Name: _____ Telephone no: _____

Father's Name: _____ Occupation _____
Telephone no: _____

Marital Status

Are you Married { } Together { } Divorced { } Separated { }

If Lone -Parent - Who is Guardian? Mam { } Dad { } Both { } Documentation { }

Medical Information

Do you have a medical card? Yes { } No { }

Allergies: _____

Medication: _____

Doctor Name & Phone Number: _____

If Parent(s)/Guardian(s) not available, please contact: _____

Please answer YES or NO to the following (please circle as appropriate):

- Our child is allowed to take part in the Stay Safe Programme: Yes : No
- Outings organised by the school : Yes : No
- I will pay Book money for my child every year: Yes : No Paid Yes : No Date: ____
- I accept and will support the school's Code of Behaviour: Yes : No
- I will support the school by ensuring my child wears the school uniform / school tracksuit daily: Yes : No
- I will support the school in its efforts to promote good attendance: Yes : No
- Our child can be taken to hospital in case of emergency if we cannot be contacted: Yes : No
- Inclusion of our child's photographs on our school website: Yes : No

Signature Parent/Guardian 1:

Signature Parent/Guardian 2:

Date: ____/____/____

Date: ____/____/____

NB: Please ensure that a photocopy of the child's BIRTH CERTIFICATE and a photocopy of the BAPTISM CERTIFICATE is included in this enrolment. Birth Certificate { } Baptism Cert { }

Do you consent to uploading data relating to ethnicity to POD Yes [] No []

What is your child's religion? / upload to POD

- Roman Catholic Church of Ireland (incl. Protestant) Presbyterian Methodist,
Wesleyan Jewish Muslim (Islamic) Orthodox (Greek, Coptic, Russian)
Apostolic or Pentecostal Hindu Buddhist Jehovah's Witness
Lutheran Atheist Baptist Agnostic Other Religions
No Religion No Consent

*** POD is the data protected registration system operated by the Dept. of Education and Skills. The Board of Management is the data controller for St. Josephs Senior NS. Please see attached page for information regarding Data Protection.