



*St. John of God G.N.S*  
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**APPLICATION FORM FOR ADMISSION TO SEN CLASS**

**Child's Full Name:** \_\_\_\_\_ **\*P.P.S. No.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **\*Nationality:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Home No:** \_\_\_\_\_ **Work No:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Home No:** \_\_\_\_\_ **Work No:** \_\_\_\_\_

**Address (If different from pupil's):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

**Emergency Name 1:** \_\_\_\_\_ **Ph. No:** \_\_\_\_\_

**Emergency Name 2:** \_\_\_\_\_ **Ph. No:** \_\_\_\_\_

**Does your child have any problems in any of the following areas? Please tick:**

**Asthma:**  **Hearing:**  **Kidney:**  **Sight:**  **Speech:**  **Other:**

**Comments re health care:** \_\_\_\_\_

**Family Doctor's Name:** \_\_\_\_\_ **Doctor's Phone No:** \_\_\_\_\_

**Present/Previous Schools/Playschools (give details):**  
\_\_\_\_\_

**Sisters at present attending school:** \_\_\_\_\_

**Proposed Date of Entry:** \_\_\_\_\_

*I apply for admission of the above named pupil and I agree to abide by the school's regulations*

**Signature of Parent(s) / Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**\*Required by the Department of Education & Skills**

**Please enclose a Birth Certificate and a Baptismal Certificate (if applicable) with this application.**