



St. John of God G.N.S
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APPLICATION FORM FOR ADMISSION TO JUNIOR INFANTS

Child's Full Name: _____ P.P.S. No. _____

Address: _____

Date of Birth: _____ Religion: _____ Nationality: _____

Mother's Name: _____ Mobile No: _____

Home Ph No: _____ Work No: _____

Father's Name: _____ Mobile No: _____

Home Ph No: _____ Work Ph No: _____

Address: _____
(If different from pupils)

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 schools regulations:

SIGNATURE OF PARENT/GUARDIAN: _____

Date: _____ Email: _____

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