



St. John of God N.S
Kilmore Road
Artane
Dublin 5
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APPLICATION FORM FOR ADMISSION TO JUNIOR INFANTS

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

Male: Female:

Address: _____

Date of Birth: _____ Religion: _____ *Nationality: _____

Language(s) spoken in the home: _____

Mother's Name: _____ Mobile No: _____

Father's Name: _____ Mobile No: _____

Address: _____

(If different from pupils)

Email Address: _____ Parish: _____

In the event that we cannot contact you, please provide the names of 2 people we can call

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: _____

Name of pre-school attended: _____

Sisters at present attending school: _____

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

SIGNATURE OF PARENT/GUARDIAN: _____

Date: _____

**Required by the Department of Education*

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