



St. John of God G.N.S
Kilmore Road
Artane
Dublin 5
Tel: 01 8477193
Roll No. 19920A
Email: info@stjohnofgodartane.com
www.stjohnofgodartane.com

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: _____

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

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