St. John of God 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 SIXTH CLASS

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

Address: _____Eircode: _____

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)

Contact 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: _____

Siblings 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.
In the event your child is refused admission to the school you have the right to appeal this decision.
Please refer to Section 18 Reviews/Appeals of Our Admissions Policy for further information on this process.

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