

APPLICATION FORM FOR ADMISSION TO JUNIOR INFANTS

Child's Details	
Child's First Name	Child's Surname
Date of Birth/	PPS Number
Religion	Nationality
Previous School/Playschool/Montessori that yo	our child attended
Medical Information It is essential that you disclose all relevant r assessements and reports to allow the scho	medical and psychological information to the school and provide pol apply for support where necessary.
Relevant Medical Information (e.g. asthma, alle	eries, other)
Relevant Special Needs Information (e.g. psych	nological assessments, speech and language assessments, etc)
Home Address	If one parent has a different address, please give details:
Address	Parent 2 Address
City/Town	Parent 2 City/Town
County	Parent 2 County
Eircode	Parent 2 Eircode
Home Phone No.	
Parent/Guardian Details	
Parent/Legal Guardian 1	Parent/Legal Guardian 2
Title First Name	Title First Name
Surname	Surname
Relationship to Child	Relationship to Child
Work Phone No	Work Phone No
Mobile Phone No	Mobile Phone No
Email	Email

Brothers/Sisters curr	ently enrolled in Hollypark
Child's Name	Hollypark BNS / Hollypark GNS Class
Child's Name	Hollypark BNS / Hollypark GNS Class
Child's Name	Hollypark BNS / Hollypark GNS Class
Child's Name	Hollypark BNS / Hollypark GNS Class
Declaration	
It is the responsibility of the parent	ts / guardians to ensure that all information is correct before submitting this application.
Management will examine all appl the right to request further docum	orm does not confer an automatic right to a place in the school. The Board of ications and the supporting documentation. The Board of Management reserves nentation in support of the application. The onus rests on the applicant to prove gement that all documentation is accurate and correct.
False or misleading information	will lead to the application being deemed null and void.
Acceptance of a place must be cand returning an Enrolment Acceptance	
 Failure to return a completed Er reallocated. 	nrolment Acceptance Form within 14 days may result in the place being forfeited and/or
 It is the responsibility of parents the year first requested. 	s/guardians to make a new application each year in the event of not securing a place in
·	ly available the applicant's name will be placed on a waiting list or added to an existing r of priority assigned in the School's Admissions Policy.
I/we declare that the particulars gi assessments or reports prior to ou	iven above are accurate and we will provide the school with any information regarding ur son starting in Junior Infants.
Signed	Signed
Date	Date
Checklist for Applicat	tions
Completed Application Form	n All questions must be answered
Signed Declaration	Signed and dated by Parent(s)/Legal Guardian(s)
Birth Certificate	A copy of the child's birth certificate must be included. On acceptance of your child's place, we will need to take a copy of the original document.
Proof of Address	If your child resides within the Parish of Foxrock, a copy of a recent Utility Bill (dated within the last 3 months ONLY) in the name of one of the parent's where the child resides must be included. On acceptance of your child's place, we will need to take a copy of the original document.
	If you are unsure if your child resides in the Parish of Foxrock, view the man at

Completed Application Forms must be returned by post to:

Junior Infants Applications, St. Patrick's Boys' National School, Hollypark, Blackrock, Co. Dublin, A94 FE0.

https://hollyparkbns.ie/sites/default/files/image-uploads/Foxrock.pdf