

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 n assessements and reports to allow the scho	nedical and psychological information to the school and provide ool apply for support where necessary.
Relevant Medical Information (e.g. asthma, alle	ries, other)
Relevant Special Needs Information (e.g. psych	ological assessments, speech and language assessments, etc)
Home Address Address	If one parent has a different address, please give details: Parent 2 Address
City/Town	Parent 2 City/Town
County	Parent 2 County
Eircode	Parent 2 Eircode
Home Phone No.	
Home Phone No.	Parent 2 Eircode Parent 2 Home Phone No
Home Phone No. Parent/Guardian Details	Parent 2 Eircode Parent 2 Home Phone No
Home Phone No. Parent/Guardian Details Parent/Legal Guardian 1	Parent 2 Eircode Parent 2 Home Phone No Parent/Legal Guardian 2
Home Phone No. Parent/Guardian Details Parent/Legal Guardian 1 Title First Name	Parent 2 Eircode Parent 2 Home Phone No Parent/Legal Guardian 2 Title First Name
Home Phone No. Parent/Guardian Details Parent/Legal Guardian 1	Parent 2 Eircode Parent 2 Home Phone No. Parent/Legal Guardian 2 Title First Name Surname
Home Phone No. Parent/Guardian Details Parent/Legal Guardian 1 Title First Name Surname Relationship to Child	Parent 2 Eircode Parent 2 Home Phone No. Parent/Legal Guardian 2 Title First Name Surname Relationship to Child
Home Phone No. Parent/Guardian Details Parent/Legal Guardian 1 Title First Name Surname	Parent 2 Eircode Parent 2 Home Phone No. Parent/Legal Guardian 2 Title First Name Surname Relationship to Child Work Phone No

Brothers/Sisters currently enrolled in Hollypark		
Child's Name		
Child's Name	Hollypark BNS / Hollypark GNS Class	
	Hollypark BNS / Hollypark GNS Class	
Child's Name	Hollypark BNS / Hollypark GNS Class	
Declaration		
It is the responsibility of the parents / guardians to ensure that all information is correct before submitting this application.		
Management will examine all ap the right to request further docu	Form does not confer an automatic right to a place in the school. The Board of plications and the supporting documentation. The Board of Management reserves umentation in support of the application. The onus rests on the applicant to prove nagement that all documentation is accurate and correct.	
False or misleading information	on will lead to the application being deemed null and void.	
• An offer of a place or a decision	on to refuse admission will be notified within 21 days of the closing date of applications.	
 Acceptance of a place must be and returning an Enrolment A 	e confirmed in writing within 14 days from the date of the letter of offer by completing acceptance Form.	
• Failure to return a completed reallocated.	Enrolment Acceptance Form within 14 days may result in the place being forfeited and/or	
• It is the responsibility of parer the year first requested.	nts/guardians to make a new application each year in the event of not securing a place in	
•	tely available the applicant's name will be placed on a waiting list or added to an existing ler of priority assigned in the School's Admissions Policy.	
·	given above are accurate and we will provide the school with any information regarding our son starting in Junior Infants.	
Signed	Signed	
Date	Date	
Checklist for Application	ations	
Completed Application Fo	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.	

Completed Application Forms must be returned by post to:

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