



Saint Patrick's Boys' National School

Hollypark, Blackrock, Co. Dublin

Tel: 289 6042 • Email: info@hollyparkbns.ie • www.hollyparkbns.ie

APPLICATION FOR JUNIOR INFANTS 2024-2025

Dear Parents/Guardians,

Thank you for your recent application for enrolment to Junior Infants 2024-2025.

For the Board of Management to complete your application process and to comply with our Admission Policy, we need the following details from you:

Checklist

1. A **utility bill** addressed in your own name dated within the last 3 months **
***A current utility bill includes ESB, gas bill, refuse collection bill, home phone bill etc.
Please do not send personal bills, i.e. bank statements, mobile phone bills or insurance forms, etc*
2. A copy of your son's official Birth Certificate
3. A completed application form
(all sections completed)
4. Date of birth on application form matching date of birth on certificate
5. Other: _____

Please return the relevant information to St. Patrick's BNS, Hollypark by:

- Post or
- By hand (Letter box to left of front entrance).

The closing date for this information is Friday 27th October 2023 at 2pm.

Failure to provide the school with the correct details will result in your application form being placed on our waiting list.

Yours sincerely,

B. O'Donovan
Principal
2nd October 2023



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Date of Application: _____ Class: _____ Starting: _____

Child's Surname: _____

Child's First name: _____

Date of Birth: _____ PPS No.: _____

Religion: _____ Nationality: _____

Home Address: _____

Eircode: _____ Home phone no: _____

Does Your Child reside in the Parish of Foxrock? Yes No

If no, what Parish does your child reside in? _____

Map available on school website. Incorrect submissions may result in application being cancelled.

<p>Parent / Legal Guardian</p> <p>Relationship to Child: _____</p> <p>Name: _____</p> <p>Work Phone No. _____</p> <p>Mobile Phone No: _____</p> <p>Email Address: _____</p> <p><i>Please Print</i></p>	<p>Parent/ Legal Guardian</p> <p>Relationship to Child: _____</p> <p>Name _____</p> <p>Work Phone No. _____</p> <p>Mobile Phone No: _____</p> <p>Email Address: _____</p> <p><i>Please Print</i></p>
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Relevant Medical Information
(e.g. asthma, allergies, other)

Relevant Special Needs Information
(e.g. Speech Therapy and language assessments, Occupational and Psychological assessment Reports)

It is essential that you disclose all relevant medical, psychological information and professional reports to the school and provide assessments and reports to allow the school apply for support where necessary

.../pto



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Brothers in Hollypark BNS: _____ **Class** _____

_____ **Class** _____

Sisters in Hollypark GNS: _____ **Class** _____

_____ **Class** _____

Previous Montessori / Playschool / School Child attended:

If one parent has a different address from above, please give details below:

Name: _____ **Home Phone No.:** _____

Address: _____

It is the responsibility of the parents / guardians to ensure that all information is correct before submitting:

I/we declare that the particulars given above are accurate and we will provide the school with any information regarding assessments or reports prior to our son starting in Junior Infants.

Signatures of Parent / Guardian: _____

Date: _____

Office Use Only

Missing Items:	
Incorrect Documents:	
Approved By:	