



# Saint Patrick's Boys' National School

## Hollypark, Blackrock, Co. Dublin

Tel: 289 6042 • Email: [info@hollyparkbns.ie](mailto:info@hollyparkbns.ie) • [www.hollyparkbns.ie](http://www.hollyparkbns.ie)

### APPLICATION FOR JUNIOR INFANTS 2026-2027

Dear Parents/Guardians,

Thank you for your recent application for enrolment to Junior Infants 2026-2027.

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  
(Email not accepted)**

The closing date for this information is Friday 24th October 2025 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  
29th September 2025



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Date of Application: \_\_\_\_\_ Class: \_\_\_\_\_ Starting: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PPS No.: \_\_\_\_\_

Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eircode: \_\_\_\_\_ Home phone no: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ English Level: None ☐; Little ☐; Fluent ☐

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.*

### Parent / Legal Guardian

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please Print*

### Parent/ Legal Guardian

Relationship to Child: \_\_\_\_\_

Name \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please Print*

### 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:** \_\_\_\_\_  
\_\_\_\_\_

**Other schools Applied to:** whether or not you have applied for and are awaiting confirmation of an offer of admission from another school or schools, and if so, you must provide details of the other school or schools concerned:

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**School:** \_\_\_\_\_

**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 Docs:

Approved By: