

**ST. ATTRACTA'S JUNIOR NATIONAL SCHOOL
MEADOWBROOK, DUNDRUM, DUBLIN 16**

Principal: Thomas Neary

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2021/2022 APPLICATION FORM

TICK ONE STREAM: Junior Infants Senior Infants First Class Second Class

(1) YOUR CHILD

Child's First Name: _____ Child's Address: _____
Child's Surname: _____
Sex (M/F): _____ Religion (if any) _____
First Language of the Home: _____ Date of Birth: _____
Nationality: _____ P.P.S. No: _____

(2) PARENTS/GUARDIANS

Parent 1/Guardian 1

First Name: _____
Surname: _____
Address: _____

Occupation: _____
Home Phone No: _____
Work Phone No: _____
Mobile Phone No: _____
Email address: _____

Parent 2/Guardian 2

First Name: _____
Surname: _____
Address: _____

Occupation: _____
Home Phone No: _____
Work Phone No: _____
Mobile Phone No: _____
Email address: _____

(3) YOUR FAMILY

How many children in the family? _____ Where does this child come in the family? _____

If you **have OR had** other children in St. Attracta's Junior or Senior School please complete the details below:

1) Child's Name: _____ Class: _____ Teacher: _____

2) Child's Name: _____ Class: _____ Teacher: _____

For Office Use Only: Bir Date Processed

PLEASE TURN OVER⇒

(4) AT THE MOMENT

If your child is attending any of the following please tick the appropriate box:

Montessori Playschool Primary Other

Name of school: _____

Address of school: _____

(5) YOUR CHILD'S HISTORY TO DATE

a) If your child has any of the following conditions please tick the appropriate box below:

Impaired Vision Hearing Loss Asthma Allergies

Speech and Language Delay Bowel/Kidney Disorder Mobility problems

Please give details: _____

b) If your child has had any of the following assessments please tick the appropriate box below:

Speech and Language Emotional and Behavioural Psychological Other

Please give details: _____

c) Is your child on any medication? YES NO

Please give details: _____

Name of Family Doctor: _____ Phone No: _____

(6) IN CASE OF EMERGENCY: We need to have TWO LOCAL alternative contact names, just in case parents cannot be contacted. IT IS ESSENTIAL THAT THE PEOPLE NAMED BELOW HAVE A DIFFERENT ADDRESS TO THOSE OF THE PARENT/S AND THAT THEY HAVE GIVEN THEIR CONSENT FOR THEIR NAMES TO BE USED.

Name: 1) _____ 2) _____

Phone Number: _____ _____

In case of an accident/emergency I consent to my child being brought directly to a doctor/hospital.

Please tick: YES NO

(7) In compliance with the The Data Protection Acts (1988-2018) and the EU General Data Protection Regulation (GDPR), information on this application form will be held on computer/hard copy for those purposes specified in the Enrolment Policy. Information may be shared with other schools.

(8) I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS OF THE SCHOOL ENROLMENT POLICY. I HAVE ENCLOSED THE DOCUMENTS REQUIRED TO ACCOMPANY THIS APPLICATION.

SIGNED: Parent 1/Guardian 1 _____ Application Date: _____

SIGNED: Parent 2/Guardian 2 _____ Application Date: _____

NB Where both Parents/Guardians have joint custody of the child both parties must sign the application.
