

SCOIL NAOMH EOIN BAISTE

Buachaillí Sóisearacha

Príomhoide: John O'Sullivan

Secretary: Marguerite Cullen



ST. JOHN THE BAPTIST

Junior Boys School

Roll No. 19006Q

E-mail: belgrovejbs@eircom.net

Telephone : 8336539 FAX : 8533045

APPLICATION FOR ADMISSION - JUNIOR INFANTS

This is an application form for admission and does not constitute an offer of a place, implied or otherwise.

Year September 2012 only				
Pupil's Surname		Pupil's First Name		
Pupil's PPS Number		Date of Birth		
Address: (Primary Residence)				
Religion		Home Telephone number		
Parish - (please tick /)	St. Anthony <input type="checkbox"/>	St. Gabriel <input type="checkbox"/>	St. John <input type="checkbox"/>	Other <input type="checkbox"/>
Mother's Name, Occupation and Mobile number	Name:	Occupation (for Registration purposes)	Mobile Number	
Father's Name, Occupation and Mobile Number	Name:	Occupation (for Registration purposes)	Mobile Number	
Email Address				
Name and address of pre-school:				
Brothers/Sisters	Name	Age	School Attending	
1)	.....	.....	.....
2)	.....	.....	.....
3)	.....	.....	.....
4)	.....	.....	.....

Completed enrolment forms may be submitted with relevant documentation to The Secretary at the School on and from 1 November 2011 up to and including 5 p.m. on 31 January 2012.

The following items to accompany the form:

1. An Original Birth Certificate (together with a photocopy) and
2. An Original Roman Catholic Baptismal Certificate (together with photocopy) if applicable.
3. **Two** of the following (these must be dated not earlier than 1 November 2011):
(1) Electricity Bill (2) Gas Bill (3) Landline Telephone Bill (4) Bank Statement.

All of the information you provide in this Application Form is taken in good faith. If any of the information is incorrect, misleading or incomplete, then your application may be rendered invalid and any offer made regarding your son will be cancelled (even if you have accepted it).

We reserve the right to use any necessary means to verify proof of primary residence.

Additional Information:

If your child has had any developmental difficulties/delays, and should you possess a professional report concerning such (e.g. reports on hearing, vision, speech and language or behaviour) we would appreciate a copy for our records. We may be able to access resource teaching hours from the Department of Education & Science should your child require them. If you have any concerns regarding your child's hearing, vision, speech and language, behaviour or health, but do not have professional reports, you should consult with your G.P. or visit your nearest Health Centre as soon as possible. (Reporting problems of this nature will not jeopardise your child's chance of a place in school.)

Medication:

Is your child on any long-term medication? _____

If Yes, please give details

Does your child suffer from any medical condition that may necessitate the administration of emergency medicine/treatment on the school premises:

Yes

No

I have read the School Enrolment Policy as revised in October 2009. I acknowledge that the only entitlement to an offer of a place is through the application of the criteria and requirements set out in the School Enrolment Policy. I confirm that all information given in this form and in any accompanying documents is true, accurate and complete. I promise that I will bring any change in any information up to and including 31 January 2012 to the attention of the School in writing as soon as I am aware of the change.

Signature: _____ Date: _____

_____ Date: _____

Notes:

- 1 Copy of School Enrolment Policy is available on request from Secretary's office or on school website www.belgrovejbs.ie
- 2 While children aged 4 by the 1st September are eligible to be enrolled, the Board of Management recommends that children reaching their fourth birthday in June, July or August should wait until the following year. Parents concerned about this should consult with the Principal.

Principal's Signature _____ Date _____

For Office Use Only

	Yes	No		
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>		
Baptismal Certificate	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence of Address:	<input type="checkbox"/>	<input type="checkbox"/>	Electricity	Gas
			Landline Telephone	Bank Statement
			<input type="checkbox"/>	<input type="checkbox"/>