

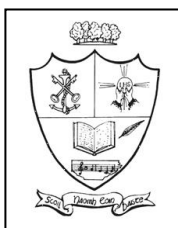
SCOIL NAOMH EOIN BAISTE

Buachaillí Sóisearacha

Príomhoide: Fiona Sheridan

Príomhoide Tánaisteach: Áine Duffy

Secretary: Marguerite Cullen/Marie Ralph



ST. JOHN THE BAPTIST

Junior Boys' School

Roll No. 19006Q

School E-mail info@belgrovejbs.ie

E-mail: fionasheridan@belgrovejbs.ie

Telephone: 018336539

APPLICATION FOR ADMISSION Special class for children on the Autism spectrum

September 2024 only

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

Details of Pupil

First Name	Surname	Date of birth
Address: (Primary Residence)		Eircode:
Parent's Name (Mother <input type="checkbox"/> Father <input type="checkbox"/> tick as appropriate)		Mobile Number
Parent's Name (Mother <input type="checkbox"/> Father <input type="checkbox"/> tick as appropriate)		Mobile Number
Email Address for communication: (PLEASE PRINT)		
<i>To ensure your son is recorded in the correct enrolment category, please complete the following:</i>		
Brothers currently in Junior Boys' School:		
Name	Class	
1).....	
2).....	
Siblings currently in Belgrove Senior Boys', Belgrove Infant Girls' or Belgrove Senior Girls' Schools:		
Name	Class	School Attending
1).....
2).....
If your son has a parent who is a permanent teacher in any of the four Belgrove schools, please complete		
Name of teacher School		
You agree to authorise the other school(s) to confirm these details to the Board		

Completed enrolment forms may be submitted with relevant documentation to The Secretary at the School on and from 1 November 2023 up to and including 5 p.m. on 31 January 2024.

A confirmation email will be sent to acknowledge receipt of application. If you DO NOT receive a response within SEVEN days please contact the office.

The following items should accompany the application form:

1. An Original Birth Certificate (together with a photocopy) and
2. Hard copies (**not online**) of **Two** of the following showing name and address of the Parents (these must be dated not more than two months prior to the date the application is submitted):
 - (1) Electricity bill
 - (2) Gas bill
 - (3) Landline Telephone bill
 - (4) Original correspondence from the Revenue Commissioners
 - (5) Original or solicitor certified copy of a lease or property registration document in the name of the Parents.

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 appropriate means to verify proof of primary residence.

I have read the Enrolment Policy Autism Class as approved by the Patron on 13th October 2022 uploaded to the Schools' website. 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 Admission 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 2024 to the attention of the School in writing as soon as I am aware of the change.

Parent(s) Signature: _____ Date: _____

_____ Date: _____

Notes:

- ¹ Copy of Enrolment Policy Autism Class is available on request from Secretary's office or on school website www.belgrovejbs.ie

Principal's Signature _____ Date _____

on acknowledgment of receipt