



St Joseph's College
Lucan
 K78 VW74
Co Dublin

Website: www.stjosephslucan.com **Tel:** 01 628 1160 **e-mail:** stjosephslucan@gmail.com **Roll No:** 60263v

Dear Parents

I enclose an *Application Form* for you to complete and return to the school. If returning it by post, please include a stamped, self-addressed envelope in order for us to acknowledge receipt of your application promptly.

NB: Please include a copy of your daughter's **BIRTH CERTIFICATE** when returning completed documentation.

If the *Application Receipt* is not returned to you, please contact the school to query your Application.

Thank you for your interest in St Joseph's College. I look forward to meeting you in the future.

Yours sincerely

Bernadette Fitzgerald
Bernadette Fitzgerald
PRINCIPAL

Detach this top section of the page to keep as a reminder and to have contact information at hand



This section below will be returned to you to be retained as proof of Application



St Joseph's College Lucan
 K78 VW74
 Co Dublin

Website: www.stjosephslucan.com **Tel:** 01 6281160 **e-mail:** stjosephslucan@gmail.com **Roll No:** 60263v

Application Receipt

This section to be completed by Parents and included when submitting Application Form:

Pupil's Name

Address

..... **Eir Code:**

Intended Year of Entry: **Into which Year Group:** 1st 2nd 3rd 4th 5th 6th

Please circle appropriate Year

To be completed by School Office on receipt of Application and returned to applicant as confirmation of receipt

Received by: _____

Date Received	School Stamp
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Birth Certificate included? Yes / No

PPS Number filled in? Yes / No

Application Form fully completed? Yes / No



APPLICATION FORM

APPLICANT:

The ***** COMPULSORY** questions are a Department of Education & Skills requirement

Surname:		First Name:	
Date of Birth:	Intended Entry Date:	*** These are COMPULSORY P.P.S. No:	*** These are COMPULSORY Country of Birth:
Religion:	Intended Year Group: (Please circle Year Group) 1 st 2 nd 3 rd 4 th 5 th 6 th	Does the Applicant have a Medical Card? Yes / No	Nationality:
Home Language – Irish or English: Yes / No			
Address:			
*** COMPULSORY Eir Code:			
Home Phone No:		Additional No: (In case of emergency)	
Name of emergency contact:			
Mobile Number to which Text Messages from the school will be sent :			

FAMILY INFORMATION:

Mother:	
First Name: Surname: Country of Origin:	
*** This is COMPULSORY : Mother's Maiden / Family Name:	
Mother's Address:	
(Only if different to the above student)	
*** COMPULSORY Eir Code: Mother's Mobile:	
Mother's e-mail address: Please print CLEARLY	
Father:	
First Name: Surname: Country of Origin:	
Father's Address:	
(Only if different to the above student)	
*** COMPULSORY Eir Code: Father's Mobile:	
Father's e-mail address: Please print CLEARLY	
Number of Children in the Family?	Applicant's Position in Family
Any sisters CURRENTLY at this school? Yes / No → → → →	If YES , please give names:
Any sisters PREVIOUSLY at this school? Yes / No → → → →	If YES , please give names & which YEARS they attended:
Is MOTHER a Past-Pupil? Yes / No → → → →	If YES , please give name & which YEARS she attended:

PREVIOUS SCHOOLS ATTENDED: (Primary / Secondary)

Name of School:	School Roll Number: <small>(if the school is in Ireland)</small>	Dates attended:
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ADDITIONAL INFORMATION:

1: Does your daughter have an Educational / Psychological Assessment? Yes / No

2: Did your daughter receive Learning Support in Primary School? Yes / No
If Yes, please give details:
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.....

3: Did your daughter receive Language Support (EAL) in Primary School: Yes / No

4: Has your daughter been exempt from Irish? Yes / No
If Yes, this application must be accompanied by her Certificate of Exemption.

Any other relevant information:
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.....

ACCEPTANCE OF CODE OF BEHAVIOUR:

It is a condition of enrolment that parents and students accept and agree to support the Code of Behaviour. Please see Code of Behaviour on our School Website – www.stjosephslucan.com
A paper copy can be requested from the School Office if necessary.

Parent Checklist: *** COMPULSORY Birth Certificate included?

*** COMPULSORY PPS Number filled in?

Parent/Guardian Signature Date

For Office Use Only:

Date Application Received:

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