



St Joseph's College

Lucan Co Dublin K78 VW74

Website: www.stjosephslucan.com Tel: 01 628 1160 E-mail: stjosephslucan@gmail.com
School Roll No. 60263V

Dear Parents,

Thank you for your interest in our school.

Once completed, please return both the *Application Form* and the *Application Receipt* (see below) to the school, together with a **copy of your daughter's Birth Certificate*** and a **stamped, self-addressed envelope (if posting)**. The *Application Receipt* section will be returned to you in due course and will be your confirmation of receipt by us of your application. Once you receive it, please retain it carefully in your records.

Yours sincerely,

Bernadette Fitzgerald
Bernadette Fitzgerald
PRINCIPAL

RETAIN THIS TOP SECTION

Post the completed Application Form, Application Receipt & Stamped Self-Addressed Envelope to the school



St Joseph's College
Lucan Co Dublin

Website: www.stjosephslucan.com Tel: 01 6281160 Fax: 01 6280403 E-mail: stjosephslucan@gmail.com
|School Roll Number 60263V

Application Receipt (to be completed by Parents)

Pupil's Name.....

Address.....

.....

Eircode.....

Intended Year of Entry Into which Year Group: 1st 2nd 3rd 4th 5th 6th
Please circle appropriate Year
(please tick if applying for Autism class) Please Autism Class

To be completed by School Office:

School Stamp	Date Received
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Received by: _____

Please see attached Application Form.....



St Joseph's College,
Lucan, Co Dublin K78 VW74.

School Roll Number 60263v Phone 01 6281160

Date Received
School Stamp

APPLICATION FORM

Current Primary School: (COMPULSORY)	Do you have a sister in the school: Yes / No
Surname:	First Name:
Intended Entry Date..... Intended Year Group: 1 st 2 nd 3 rd 4 th 5 th 6 th - Please circle Year Group	Date of Birth PPS Number.....
Address: EIRCODE	
Home Phone No:	

FAMILY INFORMATION:

<u>Mother</u> First Name.....Surname..... <u>COMPULSORY:</u> Mother's Maiden / Family Name: Mother's Address: Eircode Mother's Mobile: Mother's e-mail address: (print clearly)	
<u>Father</u> First Name.....Surname..... Father's Address: Eircode Father's Mobile: Father's e-mail address: (print clearly)	
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/GRANDMOTHER a Past-Pupil? Yes / No ➔ ➔ ➔ ➔	If YES , please give name & which YEARS she attended:

PREVIOUS SCHOOLS ATTENDED: (Primary / Secondary)

Name of School: (COMPULSORY)	Dates attended:
Previous School Roll Number: -

AUTISM CLASS

If you wish to apply for a place for your child in the Autism class please tick here

Please Note: All supporting documentation, such as educational/psychological assessments and diagnostic reports for Admission to the Autism Class must be submitted with the application.

The data requested on this Application Form is required for processing the application and contact purposes. The information provided is confidential and will be retained and used by St. Joseph's College in accordance with the school's Data Protection Policy. Please notify the school in writing of any changes to data provided on this form.

By signing below, I am giving consent for St Joseph's College to retain and use the information I have provided for the processing of this application and contact purposes in accordance with St Joseph's College Data Protection Policy.

Parent(s)/Guardian(s) Signature:

.....
.....

Date

Enclose copy of Birth Certificate.

Please return completed Application Form directly to St Joseph's College, Lucan, Co Dublin only.