



Application for Admissions Form

Notification of Intent to Apply for the Admission

Class level: _____ Year applying for: _____

(All information on this form will be treated in the strictest confidence)

Please use BLOCK CAPITALS

Name of Child: _____ Surname: _____

Gender: Male: ☐ Female: ☐ DOB: _____ Phone No: _____

Address: _____

I understand that if I change my phone number or address I must inform St Joseph's ☐

Brother's/sister's in St. Joseph's N.S : Yes: ☐ No : ☐

If yes please specify:

Name _____	Class: _____	Name _____	Class: _____
Name _____	Class: _____	Name _____	Class: _____

MEDICAL INFORMATION

- Has your child a medical conditions: Yes: ☐ No : ☐
- Has your child been referred to a specialist: Yes: ☐ No : ☐

If yes please specify: _____

ASSESSMENT HISTORY

- Has your child ever had any form of a assessment: Yes: ☐ No : ☐

If yes please specify: _____

- | | | |
|----------------------------|-------------------------------|-------------------------------|
| • Psychological | Yes: <input type="checkbox"/> | No : <input type="checkbox"/> |
| • Occupational Therapist | Yes: <input type="checkbox"/> | No : <input type="checkbox"/> |
| • Speech and Language | Yes: <input type="checkbox"/> | No : <input type="checkbox"/> |
| • Other | Yes: <input type="checkbox"/> | No : <input type="checkbox"/> |
| • I have reports available | Yes: <input type="checkbox"/> | No : <input type="checkbox"/> |
| • Other details _____ | | |

Please tick:

I can access St. Joseph's Admission Policy ☐

Please tick A or B

- | | |
|---|--------------------------|
| A. I have accessed St Joseph's Admission Policy on their website (www.sjns.ie) | <input type="checkbox"/> |
| B. I have been given a copy of St Joseph's Admission Policy (from reception) | <input type="checkbox"/> |

Please note: This Application for Admissions Form does not entitle your child to a place in St. Joseph's.

You will be notified if your application has been successful at which time an Admissions Offer Form will be forwarded to you.

****FORMS CAN BE RETURNED TO RECEPTION OR EMAILED TO: admissions@sjns.ie**

OFFICE USE ONLY. Date received: _____ REG ID: _____ INITIALS: _____