



Application for Admissions Form for Junior Infants 2025

Notification of Intent to Apply for the Admission

(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: _____

EIRCODE: _____

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: _____

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: Date: _____ No:
- Occupational Therapist Yes: Date: _____ No:
- Speech and Language Yes: Date: _____ No:
- Other Yes: Date: _____ No:
- I have reports available Yes: No:
- 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)
- B. I have been given a copy of St Joseph's Admission Policy (from reception)

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: _____