



Application for Admissions Form Junior Infants 2026

Notification of intent to apply for admission

(All information on this form will be treated in the strictest confidence). Please use BLOCK CAPITALS

First Name: _____ Last Name: _____ Middle Name: _____

Gender: Male: Female: Date of birth: ___/___/___ Nationality: _____

Did child attend pre-school: Yes No Preschool name: _____

Home phone number: _____ Mobile number: _____

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:

Name _____ Class _____ Name _____ Class _____

MEDICAL INFORMATION

- Has your child a medical condition: 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 assessment: Yes: No:

If yes please specify: _____

- Psychological Yes: No: Date: ___/___/___
- Occupational Therapist Yes: No: Date: ___/___/___
- Speech and Language Yes: No: Date: ___/___/___
- Other Yes: No: Date: ___/___/___
- I have reports available Yes: No: Date: ___/___/___
- Other details _____

Please tick:

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**