

St. Patrick's National School

Harbour Road
Dalkey
Co. Dublin
A96 RR04
Tel: 01 280 3647
Email: stpatricks2@gmail.com
Web: www.stpatricksnsdalkey.ie



Application Form Junior Infants 2021/2022

All sections must be fully completed

Applicant Student Details

Full Name of Applicant Student	
Full Postal Address of Applicant Student	
Date of Birth of Applicant Student	
Does the Applicant Student have any siblings in St. Patrick's National School?	
Is the Applicant Student a member of a minority religion?	

Parent(s)/Guardian(s) Details (The Applicants)

Name:	Name:
Full Postal Address:	Full Postal Address:
Email:	Email:
Phone Number:	Phone Number:

The following documentation must be provided with **ALL** applications:

- Birth Certificate
- Proof of address (must be dated within last 3 months)

If all relevant documentation is not provided with the application form, the application will not be considered until such time as all relevant documentation is furnished and then only if furnished prior the closing date.

I/We wish the applicant student to be educated in a school that provides a programme of religious instruction/education which is the same or has a similar ethos to the religious ethos of the minority religion of the Applicant Student.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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If “yes” to the above, at least **one** of the following **must** be provided with the application.

- 1) A letter from the relevant religious leader confirming, that the Applicant Student is a member of the minority religion **or**
- 2) A baptismal record issued by the relevant minority religion which confirms that the Applicant Student has been baptised as a member of the minority religion **or**
- 3) The signature **and** stamp of the relevant Church leader on the application form confirming, that the Applicant Student is a member of the minority religion (See Box Below).

I, (enter name of church leader) confirm that (enter name of Applicant Student) is a member of (enter full details of church/denomination).	
Signed: _____	Date: _____
Position Held: _____	Phone No: _____
Church Stamp:	

Signature of Parent(s)/Guardian(s) (The Applicants)

- I/ We understand that the completion of this application does not guarantee that a place in the school will be made available to my/our child.
- I/We have read and accept the Admission Policy, Data Protection Policy and Code of Behaviour *(available on the School website)*.
- I/ We confirm that all the information entered on this form is accurate.

Signature of parent/ guardian: _____ Date: _____

Signature of parent/ guardian: _____ Date: _____

The information entered on this form is processed in accordance with our Data Protection Policy.

CLOSING DATE FOR RECEIPT OF COMPLETED APPLICATIONS IS 23rd NOVEMBER @ 3pm.