## St. Joseph's J.N.S. Application for September 2023.

* Pupil First Name:	*Pupil Surname:		
* Birth Cert First Name (if different from above)	* Birth Cert Surname (if different from above)		
* Pupil Address: * Eir Code: Previous School / Playschool:			
* Date of Birth:*PPSN	* Gender Male [ ] Female [ ]		
* Mother's maiden name: Class / S	Standard* Nationality		
*Is one of the pupil's mother tongues (i.e. language	e spoken at home) Irish or English Yes [ ] No [ ]		
* To which ethnic or cultural background group doe White Irish [ ] Irish Traveller [ ]	- ··		
Any other White Background [ ] Any other Bl	lack Background [ ] Chinese [ ]		
Any other Asian background [ ] Other (inc. mixed	d background) [		
The following information is required for the efficient	running of the school and will not be uploaded to POD		
Mother's Name:	Telephone No		
Previous School / Level attended if applicable:			
Father's Name:	Telephone No:		
Previous School / Level attended if applicable:			
Do you have a medical card ? Yes { } No { }	Siblings in school:		
If Lone –Parent – Who is Guardian? Mam { } Dad	{ } Both { } Documentation { } / Green System { }		
Married { } Together { } Divorce	d { } Separated { }		
Medical History (including any relevant reports asso	essments) :		
Allergies:			
Medication:			
Doctor Name & Phone Number:  If Parent(s)/Guardian(s) not available, please conta			

Please make the school aware as early as possible of any family situation such as bereavement, or separation that could impact on your child, so that we can be as supportive as possible.

Please answer YES or NO to the following (please circle as appropriate):

	<ul><li>Our ch</li><li>Yes</li></ul>	Our child is allowed to take part in the Stay Safe Programme: Yes No					
	<ul><li>Child's Yes</li></ul>	photo on the digita	I signage in the	school lobby:			
	<ul><li>Outing</li></ul>	s organised by the s	school : Yes	No			
	■ I will p	ay T.A.B.S. money fo Paid: : Date:	or my child ever	y year: Yes	No		
	•	ot and will support t : No	he school's Code	e of Behaviour:			
		upport the school by ol tracksuit daily: No	ensuring my ch	ild wears the sc	hool uniform		
		I will support the school in its efforts to promote good attendance:					
	<ul><li>Our ch contac</li></ul>	ild can be taken to h ted: YES	nospital in case c NO	of emergency if v	we cannot be		
		permission for my ition, DVD slideshov Yes N	v & on the school				
• We	will support & co-	operate with the st	aff of the schoo	l: YES	NO		
Signature Parent/Guardian 1:			Signature Parent/Guardian 2:				
Date:/							
	re that a photocop ncluded in this enro	y of the child's BIRTH olment. Birth Cer	tificate { } Ba	· · ·	the BAPTISM		
you consent to up	oloading data rela	ting to ethnicity to	POD Yes [ ]	No [ ]			
*What is yo	our child's religion	1?					
* Roman Catholic		Church of Ireland (incl. Protestant)		Presbyterian			
Methodist, Wesleyan		Jewish		Muslim (Islamic)			
Orthodox (Greek, Coptic, Russian)		Apostolic or P	entecostal	ital Hindu			
Buddhist	Jehovah	's Witness	Lutheran	А	theist		
Baptist	Agnostic	Other Religions	No Religion	No Consent	:		
*Where wa	ıs your child bapt	ised:	•				

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