

APPLICATION FORM - ST. FIACHRA'S JUNIOR SCHOOL

For Office Use Only: Year of Enrolment: 2025 - 2026

JI ◇ **SI** ◇ **1st** ◇ **2nd** ◇ **Start Date:**

Please provide copies of the following:

a) Birth Certificate: ◇ **b) Proof of Address 1:** ◇ **c) Proof of Address 2:** ◇

Consent for your child to attend Church services within school hours: **YES** ◇ **NO** ◇

Child's Forename: **Child's Surname:**

Male: **0** **Female:** **0** **Date of Birth:**

P.P.S. Number: **Nationality:** **Religion:**

Address:

Please complete information in both sets of boxes numbered 1, 2 and 3 below. (BLOCK CAPITALS)

1 = Parent/Guardian 2= Contact Telephone Number 3= Email address

1.																											
2.																											
3.																											

1.																											
2.																											
3.																											

If parents work outside the home during school hours please include name and phone number of child minder or other person to be contacted in case of emergency.

Name: **Contact Number:**

Name: **Contact Number:**

Playschool or Previous School attended:

Address:

"I give permission for St. Fiachra's Junior School to contact the above named Playschool or School should they deem it necessary to assist my child's settling-in process." **YES:** ◇ **NO:** ◇

Signed:

If applicant has sibling(s) in Junior or Senior School at present please state siblings name and class:

Name: Class:

Name: Class:

Is your child on medication or does he/she have any medical allergies?

Does your child have any speech and language problems?

Please specify if your child is being seen by any agency - e.g. Mater CAHMS, CRC, etc.

Does any legal order under family law exist that the school should be aware of?

Are there any other issues the school should be aware of?

I certify that all the information and documentation provided is accurate and I give consent that I may be contacted by the school through telephone, text, email or post.

Signed..... **Date:**

Information for Department of Education and Skills Primary Online Database (POD)

Mother's Birth Surname:

Is English your child's mother tongue (language spoken at home)?

Child's ethnic or cultural background : Please tick for one of the following:

- White Irish Irish Traveller Roma No Consent
Any other White background Black or Black Irish - African
Black or Black Irish - any other Black background Asian or Asian Irish - Chinese
Asian or Asian Irish - any other Asian background Other, including mixed background

Child's religion: Please tick for one of the following:

- Roman Catholic Church of Ireland (Anglican) Presbyterian Hindu
Lutheran Methodist, Wesleyan Jewish Muslim (Islamic)
Orthodox (Greek, Coptic, Russian) Apostolic or Pentecostal Baptist
Buddhist Jehovah's Witness Atheist Protestant
Agnostic Evangelical Christian religion, not further defined
Other Religions No Religion No Consent

I consent to the above information being stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary school my child may transfer to during the course of their primary education.

Signed: **(Parent / Guardian)**

Date: