



Roll Number: 16706G

## St. Joseph's N.S.

Kilcock, Co. Kildare  
W23 RX07

Telephone: 01 628 7628

Website: www.stjosephskilcock.com

Office Email: office@stjosephskilcock.com

Principal: **Ms Úna O'Kelly**

Email: principal@stjosephskilcock.com

Deputy Principal: **Ms Ciara McNickle**

Email: emcnickle@stjosephskilcock.com

### ST. JOSEPH'S N.S. APPLICATION FOR ADMISSION FORM 2025

<b>Child's First Name:</b>		<b>Surname:</b>	
<b>Home Address: (including Eircode)</b>		<b>Alternate Address: (including Eircode)</b>	
<b>Date of Birth:</b>		<b>Parent/Guardian 1:</b>	
<b>PPS Number:</b>		<b>Telephone Number:</b>	
<b>Gender:</b>	<b>Male Female</b>	<b>Email address:</b>	
		<b>Parent/Guardian 2:</b>	
<b>Nationality:</b>		<b>Telephone Number:</b>	
<b>Language spoken at home:</b>		<b>Email address:</b>	
<b>If your child is a non-irish National please state how many years he/she has been resident in Ireland</b>		<b>Parents'/Guardians Nationality:</b>	
<b>Other family members attending St. Joseph's N.S.:</b>	<b>Name:</b> _____ _____ _____	<b>Class:</b> _____ _____ _____	

**If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details and include supporting evidence.**

<b>Last school attended:</b>		<b>Class in which you wish to place your child:</b>	
<b>Pre school attended:</b>			

## MEDICAL DETAILS

Please give details of any medical conditions your child may have including allergies:

Doctor's Name and Phone Number:

In case of emergency I give permission for my child to be taken to hospital or the school doctor by ambulance/car. *Circle response*

*Yes No*

While we make every effort to ensure the safety of your child, we may need to contact you in the event of an accident or unexpected closing.

Please fill in alternative contacts should you not be available at that time:

Alternative Contact Name :

Relationship to child:

Telephone Number:

Alternative Contact Name :

Relationship to child:

Telephone Number:

Has your child any Special Needs/Disability/Disorder/Syndrome for which additional support inschool may be required/recommended? *Attended any Medical Specialists? Speech & Language Assessment? Educational Assessment?*

If yes, I attach details & Reports: *Yes No Not Applicable*

Does your child have any hearing/sight difficulties?

If yes, please give details: *Yes No*

## OTHER DETAILS

As part of school life the Health Board, Dental Services and the Parents Council may need your contact details (*email address and/or phone number*). I give permission to the school to give my details to the above authorities. *Circle response* *Yes No*

I wish my child to take part in the Catholic Religious Education Programme (*Grow in Love*) taught in his/her school. *Circle response* *Yes No*

*If no, please speak to your child's teacher in relation to alternative arrangements for him/her.*

I have read the Code of Behaviour in the School Prospectus and agree to make all efforts to encourage my child's compliance with St. Joseph's Code of Behaviour. *Circle response*

*Yes No*

<b>I support the wearing of the <u>School Uniform</u> as outlined in School Policy in the School Prospectus</b> Circle response	<i>Yes</i>	<i>No</i>
<b>I support <u>ALL school policies</u> as outlined in the School Prospectus/website, including the Admissions, Code of Behaviour, Healthy Eating, Substance Use Policy, Computers &amp; Internet Acceptable Use Policies etc.</b> Circle response	<i>Yes</i>	<i>No</i>
<b>I give permission for my child's photo to be used on the school website and school social media account.</b> Circle response	<i>Yes</i>	<i>No</i>
<b>I agree to the details on this Form being stored on the School Computer system as part of school records.</b> Circle response	<i>Yes</i>	<i>No</i>

**Information for Department of Education and Skills Primary Online Database**

The Department of Education and Skills have developed an electronic database of primary school pupils called the Primary Online Database (POD). This database will allow the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes. Religious, ethnic and cultural backgrounds are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD is deemed by the Data Protection Commissioner as non-sensitive personal data.

**In order to assist with the gathering of data please complete the following:**

<b>Child's Name:</b>	
<b>Birth Cert name if different:</b>	
<b>Nationality of child:</b>	
<b>Mother's Maiden Name:</b>	
<b>Is one of your child's mother tongues (i.e. language spoken at home) Irish or English?</b>  Yes <input type="checkbox"/>  No <input type="checkbox"/>	<b>To which ethnic or cultural background group does your child belong (please tick one)</b> <b>White Irish</b> <b>Irish Traveller</b> <b>Roma</b> <b>Any other White Background</b> <b>Black African</b> <b>Any other Black Background</b> <b>Chinese</b> <b>Any other Asian Background</b> <b>Other (inc. mixed Background)</b>  <b>No consent to share this</b>

*I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.*

*Yes No*

**An application will NOT be considered valid until this form is complete and we are in receipt of the following:**

- **Original Birth Certificate** *(will be copied & returned)*
- **Proof of Address**
- **Latest Reports and School Report** *(unless application is for Junior Infants)*
- **PPS Number**
- **Signature of Parent/Guardian**

**Parent's signature:**

**Date:**

**If ANY of the above details change, please notify the school immediately**

**OFFICE USE ONLY**

**For which class:**

**Year:**

**Date Application received:** \_\_\_\_\_

**Waiting List Place Number:** \_\_\_\_\_

**1. Birth Cert:**      Yes   No

**2. PPS:**            Yes   No   N/A

**4. Signature:**      Yes   No   N/A

**3. School report:**      Yes   No   N/A