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Roll No. 14903V

St. Joseph's Primary School

Kilmuckridge, Gorey,

Co. Wexford Y25 Y952

Application for Admission 2026 - 2027

Child

Surname: (As per Birth Cert) _____ First Name: _____

Current Address: _____

Eircode: _____

Nationality: _____ Male: _____ Female: _____

Date of Birth: _____ Religion: _____

(Enclose copy of Birth Certificate)

(Enclose copy of Baptismal cert if receiving the sacraments)

Childs First Language: _____ Childs PPSN: _____

Class: _____ Position in Family: _____

Name of siblings attending this school: _____

Was child Baptised? Yes _____ No _____

Place of Baptism: _____ Date of Baptism: _____

Name & Address of previous school if applicable: _____

Parent/Guardian

Mother's / Legal Guardian's Name: _____ Mobile: _____

Mother's Maiden Name: _____

Address (If different from above): _____

Father / Legal Guardian's Name: _____ Mobile: _____

Address (If different from overleaf): _____

Email Address for correspondence: _____

To which ethnic or cultural background group does your child belong (please tick one):

White Irish () Irish Traveller () Roma () Black African () any other Black Background ()
Any other White Background () Chinese () any other Asian Background () Biracial ()

Do you consent to uploading data relating to ethnicity to POD?

(The Department of Education and Skills' Primary Online Database) Yes () No ()

Personal Information – Please state Yes or No

Does any family Law legal order exist that the school should know about: Yes: ___ No: ___

If yes please give details: _____

Emergency Contact

In emergency situations when parent/guardian cannot be contacted St. Joseph's School will attempt to contact an "Emergency contact"

Please supply contact details for such a person below:

Contact Name: _____

Address: _____

Phone No: _____

Relationship with Child: _____

Aunt / Uncle/Grandparent/Family Friend etc.

Family Doctor

Name of Doctor: _____

Address: _____

Medical History (Including any relevant report assessments): _____

Allergies: _____

Medication: _____

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.

NB: Please ensure that a photocopy of the child's BIRTH CERTIFICATE and the HSE form are returned along with the APPLICATION FORM. Also a copy of the BAPTISMAL CERTIFICATE if receiving the sacraments.

General Consent Form

Please complete the form fully by writing your child's name in the space provided, ticking all permission boxes with either \checkmark or x, ticking all policies to say that you have read them and signing and dating the form.

I give my consent for _____ (child's name) during his/her time in St. Joseph's Primary School to:

- Leave the school premises on supervised school outings/trips, under teacher supervision e.g. trips to the local beach, local sites of interest etc.
- Participate in the Relationships and Sexuality Education Programme.
- Engage in various educational screening/diagnostic tests as required
- Have his/her photo taken for school related projects and activities and displayed in the school and/or on the School Website/ Blog and School social media sites.
(Photographs may be kept for historical and archival purposes.)
- Have his/her photograph taken for Local/National Newspapers/ Magazines
- Be taken to hospital by a member of staff in the event of an emergency e.g. serious illness or accident, if we are unable to contact you.

• If you wish to withdraw permission at any time for any of the above please do so by writing to the Principal.

- The following policies are available on our school website under the Policies tab:

www.stjosephspskilmuckridge.ie

Anti-Bullying Policy

Child Protection Policy

Code of Behaviour Policy

Acceptable Use Policy

Healthy Lunch Policy

Homework Policy

Code of Conduct for Parents

I /We acknowledge that I/We have read all of the above and agree to abide by these policies and to support the staff of St. Joseph's Primary School in their implementation.

Signature (Parent/Guardian 1) _____

Signature (Parent/Guardian 2) _____

Date: _____