



Application for Enrolment in Junior Infants September 2024

Information on child seeking registration which will be shared with DES if child is enrolled.

Child's First Name: _____ Child's Surname: _____

Date of Birth: _____ Male Female P.P.S No: _____

Address: _____

Is your child currently enrolled in a Primary School? Yes No If yes, where? _____

Family's Country of Origin: _____ Language(s) spoken at home: _____

Names of brothers and sisters currently/previously attending Mary, Mother of Hope Schools: _____

Does your child have any Special Needs? Yes No Does your child have any medical conditions? Yes No

If yes please give brief details: _____

Which of the following childcare settings has your child attended?

None Early Start Programme Crèche Montessori/Nursery School/Naíonra

With your consent we will share the following information with the Department of Education & Skills, if child is enrolled.

Ethnical or Cultural Background of child: Consent to share with DES No Consent to share with DES

White Irish Irish Traveller Roma Any other White Background Black African Any other Black Background

Chinese Any other Asian Background Other (Inc. mixed background)

Child's Religion: _____ Consent to share with DES No Consent to share with DES

Parent/Guardian Information:

Parent/Guardian's Name: _____ Phone: _____ Email address: _____

Parent/Guardian's Name: _____ Phone: _____ Email address: _____

Mobile Number for Text Notifications: _____ Email address for school contact: _____

Name of Emergency Contact 1: _____ Mobile: _____

Name of Emergency Contact 2: _____ Mobile: _____

I understand that: (please tick)

Allocation of places at Mary, Mother of Hope J.N.S will be strictly in accordance with the enrolment policy of the school.

Completion of this form and it's receipt in the school does not guarantee that my child will be offered a place in the school.

My child must be 4 before the 1st of June of the year he/she will start school.

It is my responsibility to inform the school of any changes in address, contact details or any other circumstances.

If I have not replied to a confirmed offer of a place for my child within 14 days, I will forfeit my place.

A child may not be enrolled for Junior Infants 2024 if they have already completed Junior Infants in another school

I understand that deliberately giving incorrect information will render this application null and void

Signed: _____ Parent/Guardian Date: _____

For School Use Only: Birth Cert: 2xProof of address: PPS Number: Sibling/Sibling Past Pupil? Yes No

Signature: _____ Date: _____ Pre-Enrolment Number