



St Catherine's National School
Donore Avenue
Dublin 8

Tel: 01 4542679
info@stcatherinesns.net
www.stcatherinesns.net

Application Form

Junior Infants – September 2024

Surname : _____ Other Names _____

(please underline the name used every day)

Date of Birth : - _____ PPS Number : _____

(phone 01-7043281 to obtain your child's PPS number)

Names of Parents/ Guardians :

Address(es) _____

(Including _____

Eircode) _____

TELEPHONE(S): _____

(Home/Mobile) _____

EMAILS: _____

This section to be completed ONLY if child is a member of Church of Ireland or other Protestant Churches – See Admissions Policy for further details

Religion of Child (please state denomination) _____

Please have the following section completed by your clergyman, minister or pastor:

I certify that this family are members of the parish of _____ and

That _____ (child's name) has been baptised according to the practice of

_____ (enter the denomination of the church concerned).

Signed : _____ Name : _____

Position Held : (eg rector, curate, pastor etc) _____ Date : _____

We declare the information provided above to be true and accurate and wish to apply for admission of the above-named pupil into St. Catherine's NS.

We have read and accept the school's Code of Behaviour, Ethos Statement and Admissions Policy.

We have included a copy of

- **our child's birth certificate**
- **a stamped addressed envelope**
- **a copy of a utility bill**

Signatures of Parents/Guardians:

Date: _____ Date: _____

The information requested on this form is confidential and made available to the Chairman and Board of Management, the Principal and members of the teaching and administrative staff on a need-to-know basis only.