



**St Catherine's National School**  
Donore Avenue  
Dublin 8

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

**Application Form**  
**Junior Infants – September 2025**

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.*