

# **Scoil Naomh Iosaf, Riverstown**

## **APPLICATION FORM FOR THE JUNIOR INFANT CLASS September 2025**

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Number of children in family: \_\_\_\_\_ Place of child in family: \_\_\_\_\_

Previous Education: School / Pre-School: \_\_\_\_\_

### **Brothers/Sisters attending this school:**

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Any information medical or otherwise regarding the child which may be relevant to the

School: \_\_\_\_\_

\_\_\_\_\_

Is the child's parent a past pupil of Scoil Naomh Iosaf Yes \_\_\_\_ No \_\_\_\_\_

Years attended by parent in Scoil Naomh Iosaf \_\_\_\_\_

Parents' Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

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For Office Use Only:-

Date Received: \_\_\_\_\_