



Newtown Junior School

Application for Enrolment

PLEASE COMPLETE THIS FORM IN **BLOCK CAPITALS**

Child's Full Name: _____

Date of birth: _____ (day) _____ (month) _____ (year)

(A birth certificate must accompany this Application Form.
To ensure safe return of same please enclose a SAE)

Address: _____

Home Telephone: _____

Mobile Number: _____

E-mail: _____

Proposed entry date: _____ (month) _____ (year)

Parent(s)/guardian(s)
names _____

Child's religion /
denomination (if any) _____

Parents' religion /
denomination (if any) _____

Parents'
occupation _____

Siblings already in
Newtown Junior
School _____

Siblings already in
Newtown Secondary
School _____

Name of former pupil(s)
related to child _____

PLEASE ANSWER ALL THE FOLLOWING IMPORTANT QUESTIONS:

1. If your child has a medical condition please give details. Use a separate sheet if necessary.

2. Does your child suffer from any of the following?

ADD _____ ADHD _____ Dyslexia _____

Other (please specify) _____

3. Does your child require a Special Needs Assistant? _____

4. Name of current school: _____
(if applicable)

Address: _____

Phone Number: _____

Name of Principal: _____

Reason for leaving: _____

5. Does your child currently receive: Resource hours _____ Learning support _____

6. Please specify any further information that Newtown Junior School should know about your child:

You may be required to verify any of the above details at the discretion of the Board of Management of Newtown Junior School.

Enrolment at Newtown Junior School does not guarantee a place at Newtown Secondary School.

SIGNED: _____ (Parent/Guardian) _____ (Date)

OFFICIAL USE ONLY

Application no: _____ Date received: _____

Birth Certificate Attached: Yes / No (delete as appropriate)

Accepted: Yes / No (delete as appropriate) Place offered on: _____

Course of action: _____