



**ST. JOSEPH'S SECONDARY SCHOOL,  
TULLA, CO. CLARE**



**APPLICATION FORM**

**Email: admin@sjt.ie**

**PERSONAL**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Tel. No.: \_\_\_\_\_

Email: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ PPS No.: \_\_\_\_\_

Mobile Number for "Text a Parent/Guardian": \_\_\_\_\_

**FAMILY**

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

Occupation: \_\_\_\_\_ Work No.: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Work No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Relevant Family Circumstances, if any: (Death, unemployment, separation, illness etc.)  
\_\_\_\_\_

No. of children in family: \_\_\_\_\_ Your place in family: \_\_\_\_\_

Brothers/ Sisters attending St. Joseph's (Name and Year) : \_\_\_\_\_

**EDUCATION**

Present School: \_\_\_\_\_ Class: \_\_\_\_\_

Please give details of any remedial help or learning support being  
received: \_\_\_\_\_

**Students applying to transfer from other second-level schools must furnish all relevant reports, assessments, etc. (including discipline and attendance records)**

### HEALTH

Name of Family Doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Tel No: \_\_\_\_\_

Please advise of any matters relating to health which the school needs to be aware of e.g. poor sight, hearing difficulties, asthma, allergies etc.

\_\_\_\_\_

### CONTACTS

As it is essential that a contact person be available at all times, **no application can be considered unless this information is provided.** Please inform the school immediately of any changes in these details.

**Name 1:** \_\_\_\_\_ Relation to student: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**Name 1:** \_\_\_\_\_ Relation to student: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

### PERMISSION TO PARTICIPATE IN SCHOOL APPROVED ACTIVITIES

Approved activities outside the school property form part of school life. Such activities take place with the sanction of the Board of Management and under the supervision of teaching staff. They are subject to school rules, policies and procedures.

These activities include participation in sports events, field trips as part of syllabus, supporting school teams, site visits etc.

If you wish your child to participate in approved activities, please indicate your consent by signing below.

Signature: \_\_\_\_\_ Parent/Guardian

I understand that trips abroad and trips involving overnight arrangements will require permission on an individual basis.

### DECLARATION

I/We agree to be bound by the school's Discipline and Admissions Policies. (See [www.sjt.ie](http://www.sjt.ie))

Signed: \_\_\_\_\_ Parent/Guardian 1

\_\_\_\_\_ Parent/Guardian 2

### NOTE:

Please enclose:

1. 1 stamped addressed envelope
2. A **copy** of the Applicant's birth certificate