



**ST. JOSEPHS SECONDARY SCHOOL,
TULLA, CO. CLARE
Email: admin@sjt.ie**



ENQUIRY FORM

PERSONAL

Surname: _____ First Name: _____

Address: _____

Date of Birth: _____ Home Tel. No.: _____ Email: _____

Nationality: _____ Religion: _____ PPS No.: _____

FAMILY

Father's Name: _____ Occupation: _____ Work No.: _____ Mobile No. _____

Mother'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: _____

EDUCATION

Present Second Level School: _____ Course Year: _____

Reason for enquiry to transfer: _____

Full list of subjects being studied at present: _____

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

DECLARATION

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

Signed: _____ Parent/Guardian 1

_____ Parent/Guardian 2

_____ Applicant

NOTE:

Please enclose:

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