**St. John’s College**

**Application Form for a place in First Year 2021**

**Closing Date for applications 23rd October 2020.**

**Enrollment Places 20/21: Places in 1st Year 2021 = 48.**

Students Details (Please use Block Capitals)

|  |  |
| --- | --- |
| First Name: | Surname: |
| Date of Birth: | PPS No: |
| Home Address: | Name of Current School:Previous Schools Attended: |
| No of children in family: | Position in family: |
| Name(s) of brothers in St. John’s College:  | Name(s) of brothers/father past pupils: |

Parents/Guardians Details

|  |  |
| --- | --- |
| Parent/Guardian 1 | Parent/Guardian 2 |
| First Name: | First Name: |
| Surname: | Surname: |
| Relationship to student: | Relationship to student: |

|  |  |
| --- | --- |
| Home Address: | Home Address: |
| Mobile No: | Mobile No: |
| Email Address: | Email Address: |
| Mother’s Maiden Name: |  |

Signatures:

Parent/Guardian 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*Please note that the closing date for enrolment applications for 1st year 2021 23rd October 2020.

**Consent Form**

Does your child have a psychological report? Yes/No.

If yes, please sign below so that the primary school can forward the report to St. John’s College.

Parents’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The school requests your permission to photograph/record your son while at

class events or on school trips.

Parents’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Sensitive Personal Data for the School’s October Return to the Department of Education & Skills**

Do you or your child have a medical card? Yes/ No

(Please circle the appropriate answer)

Please sign below giving us permission to forward this information to the

Department of Education & Skills.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian.

The data requested on this Application Form is required for processing the application and contact purposes. The information provided is confidential and will be retained and used by St. John’s College in accordance with the school’s Data Protection Policy. Please notify the school in writing of any changes to data provided on this form.

By signing below, I am giving consent for St. John’s College to retain and use the information I have provided for the processing of this application and contact purposes in accordance with St. John’s College Data Protection Policy.

Parent(s)/Guardian Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office use only:

Date of receipt of application: