CORPUS CHRISTI GNS
Homefarm Rd.,
Drumcondra
Dublin 9

Year Commencing.....
Class: .....
Date of Application:…….

Name of Pupil: .....

Address: .....

Date of Birth: ..... Nationality: ……..……

email address: ….. PPSN:……

Living in Catchment Area **Yes** **No**
Is there a Sister in School **Yes** **No**

Sister's name and class: ……..

Mother's maiden name.....……...

Birth Certificate: **YES:** ☐ **NO:** ☐

Mother's Name …… Father's Name …….

Mother's mobile no..... Father's mobile no.....

Does your child have a medical condition that should be made known to the school?

Medical details: .....

.....

……

Is your child on any medication? **Yes** ☐ **No** ☐

Does your child have any special needs that should be made known to the school: **Yes** ☐ **No** ☐

Special Needs:

.....

…….....

.....……

Name and address of Playschool /Previous School:

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Signed: ..... [Parent] .....

Date: ……..... Please note completed application forms will not necessarily guarantee your child a place in school. In the event of having to curtail our intake of pupils the criteria laid down by the BOM shall determine who shall be granted a place. Details available in the Admissions policy on the school Website www.corpuschristi.ie