



St. Josephs, Stanhope Secondary School  
Manor Street, Stoneybatter, Dublin 7.

PH: 01 671 0419

E-MAIL: [info@stanhopessecondary.ie](mailto:info@stanhopessecondary.ie)

WEB: [www.stanhopessecondary.ie](http://www.stanhopessecondary.ie)

[www.twitter.com/stanhopes](https://www.twitter.com/stanhopes)

[www.facebook.com/StanhopeSecondarySchool](https://www.facebook.com/StanhopeSecondarySchool)

[www.instagram.com/StanhopeSecondary](https://www.instagram.com/StanhopeSecondary)

*Creating confident, caring, considerate, contributing citizens*

## APPLICATION FORM FOR ACADEMIC YEAR: 20 /20

First Name:	Date of entry into Ireland (if applicable):
Surname:	Mobile Phone No:
Date of Birth:	Name of Primary School:
PPS No:	Name of Secondary School (if applicable):
Mothers Maiden Name:	Sibling/s who attend/ed our school:
Nationality:	Is English your first language. If not, what is:
Ethnicity:	Gender please circle either: <b>MALE</b> or <b>FEMALE</b>

### Parent(s) or Guardian(s) Information

Parent / Guardian 1	Parent / Guardian 2
Name:	Name:
Address:	Address:
Phone No:	Phone No:
Mobile No:	Mobile No:
E-Mail :	E-Mail :

**Required: Please include a copy of your most recent school report.**

Signature 1 \_\_\_\_\_ Signature 2 \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

*Nurturing Excellence in the Heart of the City*



St. Josephs, Stanhope Secondary School,  
Manor Street, Stoneybatter, Dublin 7.

PH: 01 6710419

E-MAIL: [info@stanhopessecondary.ie](mailto:info@stanhopessecondary.ie)

WEB: [www.stanhopessecondary.ie](http://www.stanhopessecondary.ie)

[www.twitter.com/stanhopes](https://www.twitter.com/stanhopes)

[www.facebook.com/StanhopeSecondarySchool](https://www.facebook.com/StanhopeSecondarySchool)

[www.instagram.com/StanhopeSecondary](https://www.instagram.com/StanhopeSecondary)

*Creating confident, caring, considerate, contributing citizens*

## **Medical / Special Educational Needs (SEN) Form**

Medical Card Number (if applicable): \_\_\_\_\_

Do you have an exemption from Irish? \_\_\_\_\_

Any particular medical / psychological requirements? (If yes, please specify below and enclose relevant reports)

---

---

---

---

Any Special Educational Requirements? (If yes, please specify below and enclose relevant reports)

---

---

---

---

Signature 1 \_\_\_\_\_ Signature 2 \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

### **Required Document Checklist**

Medical Card <input type="checkbox"/>	Birth Cert. <input type="checkbox"/>	PPS No. <input type="checkbox"/>
Current School Term Reports <input type="checkbox"/>	Proof of Address <input type="checkbox"/>	

*Nurturing Excellence in the Heart of the City*