

Parent/Guardian Signatures

Signed: _____

Date: _____

Please send the completed Application Form by **3.30pm Wednesday 20th November** to:

**Mr Kevin McCarthy
Principal
St Joseph's College
Borrisoleigh
Thurles
Co. Tipperary
Please mark the envelope **ADMISSION 2025/26****

Please note:

1. *This application will be processed under the terms of the school's Admissions Policy which is available on the website www.stjosephscollege.ie or from St Joseph's College, Borrisoleigh, Thurles, Co. Tipperary*
2. *Submission of an application form does not guarantee a place in St Joseph's College.*
3. *Further information and documentation may be required by the school when places have been offered and accepted.*

**St Joseph's College
Borrisoleigh
Thurles
Co. Tipperary
Website: www.stjosephscollege.ie**



St Joseph's College

APPLICATION FORM

School Year 2025/2026



Application Form for Entry into

First Year for

2025/2026

Borrisoleigh,

Thurles, Co. Tipperary

Tel: (0504) 51215

Email: office@stjosephscollege.ie

Web: www.stjosephscollege.ie



St. Joseph's College

Completed forms must be received between October 23rd and November 20th by 3.30pm.
 Applications received after November 20th at 3.30pm will be treated as late applications.
 Completion of this application does not guarantee admission.
 The information requested on this form is required. The legal basis for the questions contained in this form is specified in our Admissions Policy. All of the information that you provide on this application will be treated confidentially.

Please complete this form in BLOCK CAPITALS

Student's Personal Details

Surname:	First name/s:
Address:	
Date of Birth:	Place of Birth:
Student's name as it appears on birth certificate:	

School that the student is currently attending:

School Name & Address: _____
Tel No: _____
For entry into 1 st Year I confirm that this applicant is currently in 6 th class in primary school and will complete 6 th class in June 2025 Yes [] No []

Parent /Guardian Details:

PLEASE ENSURE THAT YOU PROVIDE A WORKING EMAIL ADDRESS AND MOBILE PHONE NUMBER AS MOST COMMUNICATION WILL BE BY EMAIL OR TEXT

Surname: _____	Surname: _____
First Name: _____	First Name: _____
Relationship to Student: _____	Relationship to Student: _____
Tel (home): _____	Tel (home): _____
Mobile No: _____	Mobile No: _____
Email Address: _____	Email Address: _____
Postal Address: _____	Postal Address: _____

Prior links with St Joseph's College (if any)	Name/s	Years attended
Has the applicant any siblings currently in St Joseph's College?		

PLEASE READ:

I/we confirm that all of the information supplied is complete and correct. []

Signature/s of Parent/s or Guardian/s: _____ Date: _____

Any personal data provided on this form will be used to (i) identify a student and communicate with their parents/guardians (ii) process an application in line with the school's admissions criteria (iii) confirm the offer of a place where an application is successful. The information will be retained for an appropriate period thereafter to address any potential queries arising from the application process (or added to the student's school file in the case of successful applicants).

FOR OFFICE USE: Date & time received & by whom (initials):