

Principal: Mr. John O'Donovan
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MEÁN SCOIL NAOMH IOSAIF

ST. JOSEPH'S SECONDARY SCHOOL

BOOK GRANT APPLICATION FORM

Student Name: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Parent Phone No. _____

Please tick box below any of the following circumstances which applies in your case:

- Financial difficulties resulting from prolonged or continuous illness.
- Parent unskilled worker or small holder, with large dependant family.
- Income derived in the main from social welfare assistance.
- Holder of general medical service card. Card Number
If yes, photocopy of medical card is required and must be attached.
- Insufficient means due to absence of parental support.
Other causes of acute hardship.....

Specify: _____

Are you in receipt of Back to School Clothing Allowance? Yes/No
If yes, evidence must be attached.

All books under the scheme are on loan and are to be returned to the school at the end of the school year. Failure to do this will jeopardise future participation in the scheme.

This form is to be returned before the beginning of the school year