

# APPLICATION FORM

Please return to the Secretary, Scoil Mhuire, Shankill, Dublin 18.  
School Times: 8.50-1.30 (Junior & Senior Infants)  
8.50-2.30 1<sup>st</sup> to 6<sup>th</sup> Classes

NAME OF CHILD (AS ON BIRTH CERT):

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RELIGION: \_\_\_\_\_

ETHNICITY/CULTURAL BACKGROUND OF PUPIL:

\_\_\_\_\_

Nationality: \_\_\_\_\_

CHILD'S PPS NO. \_\_\_\_\_

Is one of the pupil's mother tongues Irish or English: Yes/No

TELEPHONE NUMBERS: Home: \_\_\_\_\_

PARENTS'/GUARDIANS' NAMES:

\_\_\_\_\_

Mother's Work/Mobile: \_\_\_\_\_

Father's Work/Mobile: \_\_\_\_\_

CONTACT PERSON/MINDER (In case of emergency when you are not available):

NAME: \_\_\_\_\_ Ph: \_\_\_\_\_

Any HEALTH/PSYCHOLOGICAL Problems or Other Information we should know about your child?

WHICH CLASS LEVEL DO YOU WISH YOUR CHILD TO ENTER?

FOR WHICH YEAR ( Please  appropriate year):

2017  2018  2019  2020

**FOR CHILDREN ENTERING JUNIOR INFANTS:**

Is your Child Attending Playschool? Yes \_\_\_\_\_ No \_\_\_\_\_

When did your child begin at Playschool? \_\_\_\_\_

Name and Address of Playschool: \_\_\_\_\_

**FOR CHILDREN ENTERING ALL OTHER CLASSES:**

Name and Address of Previous School:

LAST CLASS LEVEL: \_\_\_\_\_

**Please supply with this application form a copy of:**

Your child's Birth Certificate: Received: Yes  No

Your child's Baptism Certificate: Received: Yes  No

*I consent/do not consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.*

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

Parent/Guardian