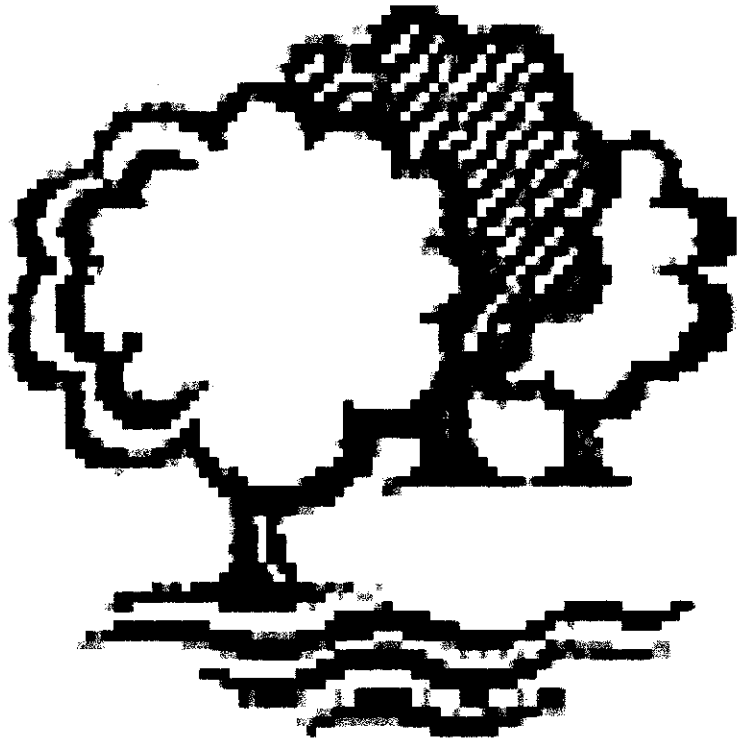
Application Form



Scoil Mhuire

Shankill, Dublin 18. Telephone: 01 282 3507

WELCOME TO SCOIL MHUIRE

Dear Parents,

In Scoil Mhuire, we (the teaching staff and non-teaching staff) work towards creating a calm atmosphere where your children are happy and can enjoy learning.

We want to work respectfully and as equals with you, the parents, because you know more than anyone about your child. We also know that your child is the most loved and precious person to you in the world.
It will help all of us in working with your child if we have a calm, respectful, equal relationship. The education and welfare of your child has to the main priority of all of us.

We always try to create a warm, caring, inclusive atmosphere where children feel valued and where they can feel good about themselves and live and grow as children with deeply held religious values and beliefs.
We work as a school community, supporting one another in providing quality care and teaching.

All children are treated as equals irrespective of their ability, religion, colour or any aspect of their lives or families.

The staff help the children to grow in knowledge from their first uncertain steps in Junior Infants to their move to second-level, with confidence, from 6th class.

Within a structure of clearly defined rules,deeply held beliefs and values we ensure that good work and good behaviour are constantly rewarded.

We look forward to welcoming you and your child in to the Scoil Mhuire community.

Mr. Brian Coleman
Principal

Please return by 23/10/26 by hand/email/post to Edel Flynn secretary@scoilmhuireshankill.ie Date received:_____ Time received:_____

2027/2028 AS CLASS APPLICATION FORM

First Name:_____ Surname: _____

Date of Birth: _____ Gender: _____

ADDRESS:_____

Eircode: _____ RELIGION: (See POD List) _____

If non Catholic do you consent to your child attending Catholic ceremonies during school time: Yes ☐ No ☐

Ethnicity (See POD List) _____

Nationality: _____ If Dual Nationality specify 2nd nationality:

_____ CHILD'S PPSN: _____ Letter(s) _____

Please tick your first language spoken at home?
English ☐ Irish ☐ Other: _____

Please tick which parent/guardian is to be contacted first.

Guardian 1:_____Mobile: _____

Guardian 2:_____ Mobile: _____

CONTACT PERSON/MINDER: (In case of emergency when parents/guardians are unavailable):

NAME: _____ Ph: _____

RELATIONSHIP TO CHILD: _____

I consent to:

A. my child's data being stored on the POD (Primary Online Database-Dept. of Education & Skills for class planning) while in Scoil Mhuire & being transferred to my child's next school; Yes ☐ No ☐
B. By completing this form I acknowledge Scoil Mhuire may contact your child's school/playschool; AND Yes ☐ No ☐
C. My child being photographed or videod and this content being displayed on our website/social media pages/newspapers/magazines. Yes ☐ No ☐

Are there any HEALTH/PSYCHOLOGICAL issues or other information we should be aware of regarding your child? Yes ☐ No ☐
If Yes, outline briefly below or write a note separately.

_____

WHICH CLASS LEVEL DO YOU WISH YOUR CHILD TO ENTER? _____

FOR CHILDREN ENTERING JUNIOR INFANTS:
When did your child begin Playschool? _____
Playschool Contact Details:
Name: Mobile:

_____

Address:

_____

FOR SENIOR INFANTS TO 6TH CLASS STUDENTS:
Previous school contact details, Name, Address and Tel. No:

_____

LAST CLASS LEVEL:_____Teacher's Name: _____

Please return this completed form with copies of all items listed below and ensure that consents are marked. Incomplete forms will be returned to you.

Copy Birth Certificate: Attached: Yes ☐ No ☐
Copy of child's last school report if not a Junior Infant.: Attached: Yes ☐ No ☐
Copy of last (pre) school report: Attached: Yes ☐ No ☐
Copy of professional health reports: Attached: Yes ☐ No ☐
Copy of psychological reports: Attached: Yes ☐ No ☐

Mother's email address: _____

Father's email address: _____

Signed: _____ Date: _____

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