

APPLICATION FORM

Scoil Náisiúnta Mhuire na mBráthar

Thank you for applying for a place in Scoil Mhuire CBS. The information sought hereunder is to enable the school to better prepare for your son's entry to Scoil Mhuire and to ensure that necessary supports are put in place. Some information – such as the PPS number and mother's maiden name (where applicable) – is sought to enable the school to furnish the required detail to register your son on the Primary Online Database of the Department of Education and Skills.

PERSONAL INFORMATION

Child's Name:	Ainm as Gaeilge:			
Date of Birth:	Number of children in Family:			
Child's PPS No.:	Child's place in Family:			
Child's Religion:	Nationality:			
How long living in Ireland:L	anguage of the home:			
Does your child have a medical card?	Yes No No			
Please supply a copy of Baptismal Certific	ate if applicable.			
Note: Baptismal Certificates are not mandatory for admission to Scoil Mhuire but, if you				
wish your son to receive them, will be required in Sacramental preparation at a later stage.				

Parent 1 Name:Mobile No:
Address:
Parent 2 Name:Mobile No:
Address:
Mother's maiden name:
Address where child resides:
Email Address :
Are there any family/legal issues which affect your child and of which the school should
be aware? Yes No No
If yes, please give details and supply a copy of relevant court orders:
Do you wish to avail of separate or joint Parent/Teacher meeting? Yes No No
In case of an emergency please provide two contact numbers

	NAME	RELATIONSHIP TO CHILD	CONTACT NUMBER
Contact 1			w/H
			Mobile
	NAME	RELATIONSHIP TO CHILD	CONTACT NUMBER
Contact 2			w/H
			Mobile
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NB: Families must inform the school of any change of details in a timely manner.

HEALTH INFORMATION

Does your child have any medical conditions/allergies we should know about? (For example: asthma, epilepsy, diabetes etc). If yes, please give details:			
Is your child on any medication? YesNo If yes, please arrange to meet with the Principal before enrolment in Scoil Mhuire.			
Has your child suffered from any other condition that could require immediate medical attention and/or any information that should be supplied to an ambulance in an emergency?			
Yes No Details:			
Does your child have any dietary requirements/allergies?			
Other relevant information: (For example, loss or trauma in a child's life)			
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NB: Families must inform the school of any change in details in a timely manner.

EDUCATIONAL INFORMATION

Name of previous school your son attended:					
From (date)To (date)					
Does your son have Additional Educational Needs?					
If yes, please contact the school to ensure that supports can be put in place.					
Is your son currently receiving additional support from a teacher who is not his class					
teacher? If the nature of this support is known to you, please provide details.					
What are your son's special interests and talents?					

NB:Parents/Guardians must inform the school of any change of details in a timely manner.

PARENTAL CONSENT FORM

1.	I/We consent to my/our child being assessed with a view to provide additional Learning Support if available.
	Signature Parent/Guardian
2.	I/We consent to Scoil Mhuire accessing all educational data (including support plans, assessment data, and end-of-year reports) from our son's previous school.
	SignatureParent/Guardian
3.	I/We give permission to the school, in the event of an emergency, to contact the emergency services prior to making contact with me or with the emergency numbers provided. Signature Parent/Guardian
4.	I/We give permission for my/our child to be brought and treated in hospital in the case of an emergency.
	Signature Parent/Guardian
5.	I/We give permission to the school to treat minor injuries with the use of water and antiseptic wipes.
	Signature Parent/Guardian
6.	I/We give permission to the school to use images of my/our child or their schoolwork for inclusion on the school website and, on occasion, to be featured in the news coverage: (for example on TV, in radio, and newspapers)
	Signature Parent/Guardian
7.	I/We give permission to the school for my/our child to go on educational trip outside the school grounds.
	Signature Parent/Guardian

8.	I/We give permission to the school for my/our child to access the internet for educational purposes, in line with our Acceptable User Policy (see website).
	Signature Parent/Guardian
9.	I/We give permission for my/our child to participate in the RSE (Relationships & Sexuality Education) aspect of the SPHE curriculum, as recommended by the DES and implemented by Scoil Mhuire.
	Signature Parent/Guardian
10	Scoil Mhuire PE programme includes swimming lessons in selected classes. Cost to be advised. I/We agree to my/our child's participation.
	Signature Parent/Guardian

IMPORTANT:

The Parental Consent Form will remain in place for the duration of your son's enrolment in Scoil Mhuire, unless written notice to the contrary is supplied to the school Principal.

All information sought above will be treated in compliance with Scoil Mhuire's Data Protection Policy.

No information on any pupil will be passed on to Second level schools prior to agreement to enrolment by that school.

The school may seek to confirm any of the details above.

Please read the School Admissions Policy, Code of Discipline, Anti-Bullying Policy, and Data Protection Policy on our website.

I have read the policies including the Ethos Statement of School and agree to comply with the conditions contained therein.

Signature Parent/Guardian ______

PPS NUMBERS TO BE PROVIDED IN ACCORDANCE WITH THE DEPARTMENT OF EDUCATION AND SKILLS REGULATIONS

Parents should be aware that this school is under the Patronage of the Archbishop of Dublin and ownership of ERST and religious instruction is in accordance with the Roman Catholic Faith.

Appeal:

Please note there is an appeals process where admission is refused.

See section 29 of the 1998 Education Act.

SCOIL MHUIRE CBS, MARINO