



# Scoil Muire agus Treasa

*Swinford, Co Mayo.*

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## Application for Admission of New Pupils Year 2024 -2025

### STUDENT

Pupil Name (as on Birth Certificate) \_\_\_\_\_

Gender \_\_\_\_\_ PPS Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Eircode \_\_\_\_\_

Mothers maiden name \_\_\_\_\_ Country \_\_\_\_\_ Nationality \_\_\_\_\_

Language Spoken at home \_\_\_\_\_ Religion \_\_\_\_\_ Ethnicity \_\_\_\_\_

Previous school/Playschool attended \_\_\_\_\_

Medical / Allergy Information \_\_\_\_\_

Childs Doctors Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

(If parents are unavailable)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### PARENTS/GUARDIANS

Mothers name \_\_\_\_\_

Fathers name \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

### Family Information

Name & Class of siblings in the school \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Does any legal order under Family Law exist that the school should know about \_\_\_\_\_

Is it necessary for school reports, notice of meetings etc to be sent to more than one address? Please give name, address and email of that person \_\_\_\_\_

CHILDS NAME \_\_\_\_\_

	Yes	No
Did your child attend the Early Intervention Services? If so, please give details and attach relevant reports. _____		
Has your child ever attended Psychology Services or had a psychological assessment? If yes, please give details and attach relevant reports. _____		
Has your child ever attended Speech and Language services? If yes, please give details and attach any relevant reports. _____		
Does your child have any health related problems (epilepsy, diabetes, asthma, fainting etc) If yes, please give details _____		
Does your child have any allergies? If yes, please give details _____		
Does your child have any difficulties with hearing/vision/speech? If yes, please give details _____		
Does your child have any issues socially or behaviourally that the school should know about? _____		
Does your child have any difficulties with going to the toilet without help? _____		

<b>CONSENT</b>	Yes	No
<b>PLEASE ANSWER YES OR NO TO THE FOLLOWING – tick as appropriate</b>		
Permission for your child to attend Learning Support if the need arises.		
Inclusion of child’s photograph on our school website/local newspaper etc.		
Your child’s religion and ethnicity may be entered to the Department of Education POD data base.		
This information may be shared with other agencies that require it eg (HSE/Dental/medical etc)		
I understand that our child may be brought out of school for trips eg nature walks, library etc		
Our child’s uniform may be changed by an adult member of staff in the presence of another adult in case of illness/toilet accident.		
Our child can be taken to hospital in case of emergency if we cannot be contacted.		
Our child is allowed to take part in the ‘STAY SAFE’ programme.		
We have received and read a copy of the ‘Code of discipline’ (available on our website).		
We will support and co-operate with the staff of the school.		

**\*\*Use of a nominated mobile number by the school for Text-a-Parent and emergencies. Please nominate one mobile number \_\_\_\_\_**

I wish to enrol my child \_\_\_\_\_

I declare the above information to be correct and understand that it will be treated as confidential.

Signature Parent/Guardian 1

Signature Parent/Guardian 2

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_