



Scoil Muire agus Treasa

Swinford, Co Mayo.

Telephone: 094-9252055 Email: swinfordps@gmail.com Web: www.swinfordns.com

Application for Admission of New Pupils Year 2025 -2026

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? _____		

CONSENT	Yes	No
PLEASE ANSWER YES OR NO TO THE FOLLOWING – tick as appropriate		
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
