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 2027 -2028

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 _____

Was child born in Ireland Yes/No (If no please state month and year they moved to Ireland) _____

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 _____

Phone Number _____

Email Address _____

Work Phone Number _____

Fathers name _____

Phone Number _____

Email Address _____

Work Phone Number _____

Family Information

Name & Class of siblings in the school _____

Home Phone Number _____ **Mobile Number**_____

Are there any Family Court Orders or Court proceedings affecting your child? _____

_____

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 _____

_____

An original copy of your child's birth certificate is required to accompany this form. If the birth certificate is not in English, it has to be a certified translation. A photograph of a birth certificate will not be accepted.

	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 **PLEASE ANSWER YES OR NO TO THE FOLLOWING – tick as appropriate**	Yes	No
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 e.g. (HSE/Dental/medical etc)		
I understand that our child may be brought out of school for trips e.g. 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**

_____ _____ _____