



Application Form 2024 - 2025

Principal: Máire Marnell

Phone: (01) 493 1967

HSCL: (089) 466 9837

Scoil Mhuire, Ballyboden, Dublin 16

e-mail: smballyboden@gmail.com

Roll No. 19490B

Child's Name: _____
(as on birth certificate)

Male Female

Address: _____

Date of Birth: ____ / ____ / ____ Age: ____ Religion: ____
Please note that children do not begin primary school before their 4th birthday.

Nationality: _____ Ethnicity / cultural background: _____

What languages are spoken in the home? _____

Your child's PPS Number: _____ Mother's Maiden Name: _____

Parents / Guardians

(1)

(2)

Name: _____

Occupation: _____

Phone Numbers: _____

E-mail addresses: _____

Contact person during school hours: _____ Phone: _____

Most suitable mobile phone number for text messages from the school: _____

Number of children in the family: _____ Position in the Family: _____

Brothers / sisters attending Scoil Mhuire: _____

Names of persons, other than the above, authorized to collect your child from school.

Medical Details / Allergies / Special Needs

Does your child have any learning or other special needs? YES NO

If your child does have any learning or special needs, please enclose details.

Does your child require any medication or have any allergies? YES NO

If your child does require medication or have any allergies, please enclose details.

Have you ever had concerns regarding your child's early development? YES NO

Has your child ever been referred for assessment of ? (see below)

	YES	NO		YES	NO
Sight			Behaviour		
Hearing			Social / Emotional Dev.		
Motor Skills			Educational Attainment		
Speech / Language			OTHER		

TICK the above as APPROPRIATE

If you ticked yes to any of the above, please enclose details.

Education

Children enrolling into Junior Infants

Did your child attend a preschool?

YES

For how long?

NO

Name(s) of preschool(s): _____

Children transferring from another primary school

Name(s) of previous school(s): _____

What class was your child in at their last school? _____

Was your child in receipt of learning support at their last school?

YES

NO

If your child was in receipt of learning support, please enclose details.

Parental Consents

please tick

I give my permission for standardized and diagnostic tests to be administered to my child in keeping with sound educational practice and assessment policy at Scoil Mhuire.
(Such testing may be administered in the child's classroom or another room and by the class teacher or another member of the teaching staff)

I give my permission for photographs of my child and his/her work to be taken and used on school notice boards, news letters and other publications and on the school's website.

I give my permission for my child to use the internet for educational reasons under the direction and supervision of teaching staff.

I consent to share data with the Department of Education and Skills and for POD specific information to be stored on the Primary Online Database.

INFORMATION

All children attending Scoil Mhuire take part in the Stay Safe Programme as is required by the DES and is an important part of our child protection policy.

It is our policy that the children attending Scoil Mhuire take part in the Relationships and Sexuality Education element of the SPHE curriculum.

Declarations

I undertake to support the Ethos of Scoil Mhuire, a Roman Catholic school under the patronage of the Catholic Archbishop of Dublin, Dr. Dermot Farrell.

I am willing to abide by the rules of the school and support the school's 'Code of Behaviour' should my child be accepted.

I declare that all information provided is correct and that I have not neglected to provide any other relevant information.

Note: Incomplete or false information may invalidate your application.

Signed: _____ Parents / Guardians

Date: ____ / ____ / ____

PLEASE ENCLOSE:

Birth Certificate,
A copy of the child's most recent school report,
(if applicable)

Baptismal Certificate (if applicable)
Copies of Educational Assessments
(if applicable)