



APPLICATION FORM FOR FIRST YEAR STUDENTS 2023/2024

Section A: Personal Details:(Please complete Form using BLOCK CAPITAL LETTERS)

Student's First Name Surname	Students Name as on Birth Cert	Country of Birth								
Date of Birth:...../...../.....	Mother's Name..... Maiden Name.....	Father's Name.....								
Address for correspondence from the school Eircode.....	Home Tel No..... Mother's Mobile..... Father's Mobile.....	Male/Female..... PPSN: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> (This is mandatory to enrol your child on the system- do not leave blank)								
Email address 	Brothers/Sisters in this school	Other contact name and number in case of emergency.....								

Section B: Educational Details

Primary School Attended: Roll No:	Exemption from Irish(tick box) (Attach a copy if yes) Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please state date granted/...../.....	Any particular learning difficulties
Has your child undergone a Psychological Assessment? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, a copy needs to be submitted with this application form)		
Do you give permission for your child to undergo testing for Literacy /Numeracy as teachers deem necessary Yes <input type="checkbox"/> No <input type="checkbox"/>		

Section C: Medical Details

Name of Doctor	Contact No for Doctor	Does your son/daughter have a medical card Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any medical conditions the school should be aware of		

P.T.O.

SECTION D: PERSONAL DATA

The school maintains a database of photographs of school events. From time to time your son/daughter may be photographed for such a database. These photos/videos may be used in promotional material, in newspapers and/or on our website.

Please sign below if you give permission for your child to be photographed/videoed as outlined above?

Signed.....

Section E: Transfer of information from previous schools

I give consent to teachers from Scoil Mhuire, Strokestown to collect information, both written and verbal from my child's primary school.

Signed.....

I give consent to teachers from Scoil Mhuire, Strokestown to receive copies of any professional reports concerning my child's education and development, provided by the Primary school.

Signed.....

Section F: Medical Care of students

I agree with the school's procedure in the case of illness or injury as described in the information leaflet and give permission to the school to send my son/daughter to the local doctor or clinic for treatment if that is considered advisable and the school has not been able to contact me/us in advance.

Signed.....

**N.B. Closing date for all First Year enrolment applications is
February 10th 2023**

CHECKLIST BEFORE RETURNING YOUR ENROLMENT FORM

Have you:

Completed Application Form making sure to include PPSN and

Sign Section D, E and F

Enclosed copy of Birth Cert

Enclosed copy of Psychological Assessment and completed NCSE

Form, if applicable

Enclosed copy of Irish Exemption, if applicable

MEDICAL CARE OF STUDENTS

Whenever students in the school report themselves as feeling ill during the school day, or whenever they sustain any kind of injury, e.g. at games, it's our practice first to contact the student's parent/guardians.

If, however, as sometimes happens, it is not possible to make contact with the parents/guardians, then we may decide to send the student to a local doctor or clinic if we consider this is to be advisable.

In doing so we feel that we are fulfilling our duty of care to the students, which is defined as the level of care which a careful parent would take in the circumstances, since the school is seen to be in loco parentis with regard to students.
