



APPLICATION FORM FOR FIRST YEAR STUDENTS 2025/2026

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

Student's First Name Surname	Students Address	Eircode Country of Birth								
Date of Birth:...../...../..... 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).....									Mother's Name Maiden Name Mobile Number	Father's Name Mobile Number
Mother's Email address	Father's Email address	Brothers/Sisters who have or are attending this school								

Please list 2 or 3 names of classmates that your child would like to be in class with and all efforts as far as possible will be made to ensure at least one of these will be placed in the class

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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 an Educational Assessment (e.g. Dyslexia) 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

Please list any medical conditions the school should be aware of.....

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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
December 4th 2024**