



St. Mary's National School

Saggart, Co. Dublin

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Roll No: 17055T

APPLICATION FORM

Please fill out and return to school

Details

Child's First Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Child's Surname	Child's P.P.S. No.	
Child's Address	Nationality	
	Date of arrival in Ireland	
	First Language	
Eircode	Email	
Mother's Name	Father's Name	
Mother's Maiden Name		
Mother's Address	Father's Address	
Mother's Mobile No.	Father's Mobile No.	
Country of origin of Mother	Country of origin of Father	

Other Contact Person: *(Names of two other people who may be contacted in an emergency)*

Name	Name
Relationship to Child	Relationship to Child
Contact No.	Contact No.

Under Family Law, is there a legal document the school should know about? Yes No

If yes, please provide a copy

Name of Previous school / Playschool / Early Start

Address

Telephone No.	Principal's Name
Class	Teacher's Name

Number of children in Family	Place in Family
Names of Brothers / Sisters in St. Mary's	Class/Year

I wish to enrol my child in _____ class in St. Mary's National School on _____

Parent's Signature _____ Date of Application ____ / ____ / ____

Birth Certificate, Baptismal Certificate (if relevant) and utility bill to be provided with this form. *(we will photocopy and return originals to you)*

Additional Information

Family Doctor	Please state Medical / Health problems that your child may have. (eg. Asthma, Sight, Hearing, Allergies, other)
Address	
Telephone No.	

We must know in advance any Special Needs your child may have as we may need to apply for extra resources to support your child in school

Does your child have any problems with following? Hearing Eyesight Speech Language

Does your child have any of the following? A Physical Disability Autistic Spectrum Disorder
Hyperactivity problems Other Disability _____

Has your child had an Assessment of Need: Yes No

Please give details

Does your child attend any of the following? Mary Mercer Lucena Clinic Enable Ireland Crumlin/Tallaght Hospital

Please give details

Pupil Information Required for Department of Education Primary Online Database

To which ethnic or cultural background group does your child belong (*please tick one*)?

White Irish <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>	Roma <input type="checkbox"/>
Any other White Background <input type="checkbox"/>	Black African <input type="checkbox"/>	Any other Black background <input type="checkbox"/>
Chinese <input type="checkbox"/>	Any other Asian Background <input type="checkbox"/>	Other (including mixed background) <input type="checkbox"/>

What is your child's religion?

Roman Catholic <input type="checkbox"/>	Church of Ireland <input type="checkbox"/>	Presbyterian <input type="checkbox"/>
Methodist, Wesleyan <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim (Islamic) <input type="checkbox"/>
Orthodox (<i>Greek, Coptic, Russian</i>) <input type="checkbox"/>	Apostolic or Pentecostal <input type="checkbox"/>	Hindu <input type="checkbox"/>
Buddhist <input type="checkbox"/>	Jehovah's Witness <input type="checkbox"/>	Lutheran <input type="checkbox"/>
Atheist <input type="checkbox"/>	Baptist <input type="checkbox"/>	Agnostic <input type="checkbox"/>
Other Religions <input type="checkbox"/>	No Religion <input type="checkbox"/>	No consent <input type="checkbox"/>

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed (Parent/Guardian):

Date:

FOR OFFICE USE ONLY	Checked	Photocopied	Returned
	Birth Cert <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Cert <input type="checkbox"/> Utility Bill <input type="checkbox"/> Other <input type="checkbox"/>		

Please Note: A Birth Certificate and Utility Bill must accompany all applications, if you wish your child to make their First Holy Communion/Confirmation you will need to provide a copy of a Baptismal Certificate.