



Application Form

Child's First Name:	Surname:	Date of Birth:
Country of Birth: Nationality: (If dual citizenship where Irish is one, please choose Irish)		Language spoken at home (if not English):
Address:		Number of years living in Ireland (if not born here):
		Number of children in family:
		Child's place in family:
Religion:		P.P.S. Number:
Brothers already attending this school or applying this year also:		Sisters already attending St. Mary's GNS:

<u>Mother's (or Guardian's) Information</u>	<u>Father's (or Guardian's) Information</u>
First Name:	First Name:
Surname:	Surname:
Maidenname (if applicable):	
Country of Birth:	Country of Birth:
Occupation:	Occupation:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
E-mail:	E-mail:

Has your child attended pre-school? Yes / No	Has your child attended another primary school? Yes/No
Name of pre-school:	Name of school attended:
From / To:	From / To:

Has your child been referred for any of the following:

Speech Therapy? Yes / No **Occupational Therapy? Yes / No** **Psychiatric / Psychological Assessment? Yes / No**

Does your child have Special Needs? Yes / No (If yes, please make an appointment to see the Principal)

Does your child have any medical conditions / allergies? Yes / No
(If yes, please describe briefly)

I accept the school's Enrolment Policy and Code of Behaviour (available from the school office)

Signatures of Parent(s) / Guardian:
Date: