



APPLICATION FORM

FOR ENROLMENT

JUNIOR INFANTS

2024/2025

St Mary's N.S.,
Bailieboro Road,
Virginia,
Co Cavan
049 8547035
info@virginians.ie
www.virginians.ie
16083T

Please use block letters

1. Pupil Personal Details

Pupil's First name: _____ Pupil's Surname: _____

Date of Birth: _____ Gender: _____

Address: _____ Eircode: _____

In which class type do you wish to enrol your child? (please circle relevant category)

Mainstream Class

Special Class for children with a Moderate GLD

2. Contact Details

Mother/Guardian 1	Father/Guardian 2
First Name:	First Name:
Surname:	Surname:
Nationality:	Nationality:
Address: (if different from pupil's)	Address: (if different from pupil's)
Eircode: (if different from pupil's)	Eircode: (if different from pupil's)
Occupation: (optional - parent expertise is valuable in curricular areas)	Occupation: (optional - parent expertise is valuable in curricular areas)
Mobile number:	Mobile number:
Alternative number:	Alternative number:
Email Address:	Email Address:

Nominated mobile number for text messages from school: _____

If other siblings/step siblings already attend St Mary's N.S., please state their name(s) & class(es):

Pupil's Name	Pupil's Class

In the event that neither parent(s)/guardian(s) can be contacted, please supply two alternative contacts:

Contact 1: Name: _____ Relationship to child: _____

Mobile No. _____

Contact 2: Name: _____ Relationship to child: _____

Mobile No. _____

It is the responsibility of parent(s)/guardian(s) to notify the school of any change to their contact details.

3. Medical Details

Doctor's name: _____ Telephone No: _____

Doctor's Address: _____

It is the responsibility of the Parent(s)/Guardian(s) to notify the school of any medical conditions/illnesses/allergies that your child may have. Please outline any medical details that the school should be aware of:

Medication prescribed _____

If your child requires emergency medication (e.g. epipen), please read and familiarise yourself with the school's "Administration of Medicines Policy" available by request from the school office.

Will you be submitting a request to the school to administer emergency medication (e.g. epipen) to your child?

(If yes, please contact the school office)

YES ☐ NO ☐

To help us cater to your child's specific needs, please complete the following:

Does your child have any hearing or sight needs? YES ☐ NO ☐

If yes, please give details _____

Does your child have any speech or language needs? YES ☐ NO ☐

If yes, please give details _____

Does your child have any special educational needs? YES ☐ NO ☐

If yes, please give details _____

Does your child have any behavioural needs? YES ☐ NO ☐

If yes, please give details _____

Does your child have any emotional needs? YES ☐ NO ☐

If yes, please give details _____

Has your child attended any of the following? (please circle the relevant category)

Speech and Language Therapy

Psychologist

Counseling

Occupational Therapist

CAMHS

Social Worker

Enable Ireland

Other support service

Please give details of any of the above agencies attended or assessments carried out:

If there are written reports in relation to any of the above, please provide a copy to the school to help us cater to your child's specific needs.

4. Information required by the Department of Education for Primary Online Database (POD)

Birth Certificate Forename: _____

Birth Certificate Surname:_____

Nationality of child: _____

Child’s PPS No.: _____

Mother’s maiden name: _____

Where is your child coming from? (please circle relevant category)

Another Mainstream National School in the State	Private Primary School in the State
Childcare setting/Pre-primary education/Early start programme	Special school in the State
From home/not in any school/childcare setting/pre-primary education	School in Northern Ireland
School abroad (excluding Northern Ireland)	School amalgamation
Other	

To which ethnic or cultural background group does your child belong? (please circle relevant category)

White Irish	Irish Traveller
Roma	Any other White Background
Black or Black Irish – African	Black or Black Irish – Any other Black Background
Asian or Asian Irish – Chinese	Asian or Asian Irish – Any other Asian Background
Other (Incl. Mixed Background)	No Consent

What is your child’s religion? (please circle one option)

Roman Catholic	Church of Ireland (Anglican)	Buddhist
Orthodox (Greek, Coptic, Russian)	Jewish	Hindu
Apostolic or Pentecostal	Baptist	Jehovah’s Witness
Atheist	Methodist, Wesleyan	Presbyterian
Muslim (Islamic)	Evangelical	Other Religions
Christian Religion, not further defined	Agnostic	No Religion
Lutheran	Protestant	No Consent

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

Signed_____

Parent/Guardian 1

Date:_____

Parent/Guardian 2

Date:_____

5. Education Details

Name & address of preschool attended _____

Attended from _____ to _____

Other Information:

Any other relevant information to help us support your child's transition to St Mary's NS:

In the interest of the pastoral care of your child, it would be helpful for us to be informed regarding educational/social difficulties, health, bereavement, domestic circumstances etc. Please contact the school to discuss any sensitive issues.

Are there any family law matters of which the school should be aware? YES ☐ NO ☐

If yes, please give details: _____

If your child is non Catholic or of no faith, please complete the following:

I would like my child a) to take part in the 'Grow in Love' Religion curriculum? YES ☐ NO ☐

b) to go on class visits to the church? YES ☐ NO ☐

c) to attend Mass in the church? YES ☐ NO ☐

d) to take part in school concerts in the Church? YES ☐ NO ☐

6. Learning English as an additional language

Is one of the child's mother tongues (i.e. language spoken at home) English or Irish? YES ☐ NO ☐

Language(s) spoken at home: _____

Does your child need support to learn the English language? YES ☐ NO ☐

Is your child a 'new entrant pupil'? YES ☐ NO ☐

(i.e. a pupil that has entered the country in the past two years and has an English Language Support requirement)

If your child was not born in Ireland, please state the date arrived in Ireland: ____ / ____ / ____

Date started Primary school in Ireland: ____ / ____ / ____

Country of origin: _____

7. Permissions

I consent to my child going on supervised school outings, such as local history walks, school trips, sports events, church events, etc. (Parental consent for trips requiring transport will be requested separately)	YES <input type="checkbox"/> NO <input type="checkbox"/>
I accept the guidelines for internet use as outlined in the Acceptable Use Policy, and give permission for my/our children to access the internet under the terms of the policy.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I consent to my child's work being published a) in school print productions b) on class digital learning platforms c) on the school's website d) in local/national press	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
I consent to my child's photograph being published a) in school print productions b) on class digital learning platforms c) on the school's website d) in local/national press	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
I consent to my child's video clip being published a) on the school's website b) on class digital learning platforms	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
I consent to allow my child's name (and date of birth if necessary) to be shared for entry to school quizzes/sport competitions/art competitions/assessment correction/educational programmes/school meals etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I consent a) for my child to complete school assessment tests. b) for St Mary's N.S. to liaise with a previous or future school to aid your child's transition	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
I accept the Code of Behaviour of St Mary's NS, and will make every effort to ensure my child is compliant with this code.	YES <input type="checkbox"/> NO <input type="checkbox"/>

All information provided will be retained, used and disclosed by St Mary's N.S. in line with the school's Data Protection Policy.

I /We have completed all sections of the registration form.

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____ **Parent/Guardian 1** **Date:** _____

_____ **Parent/Guardian 2** **Date:** _____

Office Use Only

Copy of Birth Certificate	YES <input type="checkbox"/> NO <input type="checkbox"/>
Fully completed Registration Form	YES <input type="checkbox"/> NO <input type="checkbox"/>
End of year reports from previous school (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Professional reports eg psychological/assessment test results/Irish exemption (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Irish Exemption Certificate (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Copy of pupil's school support plan (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>

Date registration form received _____