


**APPLICATION FORM -----JUNIOR INFANTS----- SCHOOL YEAR 2021-22**
**N.B. THIS FORM IS ONLY VALID FOR THE YEAR STATED**

**N.B. Application forms will not be processed unless Application Form is completed in full, all questions answered, and the following documents are enclosed:**

1. Photocopy of Birth Cert
2. Proof of address (parish applicants only)  -e.g. Utility bill, Rental Agreement, TV licence, Broadband. (Bank Statement or Mobile phone bill not acceptable).

**Please return to:** The Secretary, address as above or email a signed, scanned form to [secretary@marysbns.ie](mailto:secretary@marysbns.ie)

**CLOSING DATE IS 2.30pm, FRIDAY, 6<sup>TH</sup> NOVEMBER**

**Applicants will be notified of the outcome of their application on Friday 27<sup>th</sup> November**

Pupil's First Name _____		Pupil's Surname _____		
Birth Cert Forename if different to above: _____		Birth Cert Surname if different to above: _____		
Date of Birth	Pupil's PPS Number	Nationality	Birth Country of Pupil:	Language(s) spoken at home
Pupil's Address _____				Eircode _____
Cultural Background	Landline	Religion	Parish	
Mother's Name	Mother's address if different to above _____			
Mother's Work No.	Mother's Mobile No.	Mobile for Text a Parent		
Mother's Occupation	Mother's email _____ Father's email _____			
Father's Name	Father's address if different to above _____			
Father's Work No.	Father's mobile No.	Father's Occupation		
Emergency Contact Name (other than parent) in case parent cannot be reached):		Emergency Contact Number	Relationship with child	
Name of Minder (if applicable)		Minder's Mobile Number:		
Name of playschool attended: _____				
Son or brother pupil/past-pupil in St Mary's? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name & relationship to Applicant: _____				
Sister in Loreto? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name & Class: _____				

*N.B. The answers to any of the questions below will not influence the outcome of your application. They are asked so that we can have the necessary educational resources in place by the time of enrolment. Boys with special needs are equally welcome in St. Mary's.*

Has your son any special educational needs? \_\_\_\_\_ Is he undergoing or awaiting assessment? \_\_\_\_\_  
 Do you have any educational concerns e.g. language, communication, sensory or emotional that you would like to discuss? \_\_\_\_\_  
 If yes, has your son ever been referred to or attended the following agencies/services? If 'Yes', please mark X in the appropriate box  
 Assessment of need  Occupational Therapist  Speech Therapist  Lucena Clinic  Psychologist  Psychiatrist   
 Please briefly outline the reasons for referral/attendance and include copy of all relevant reports/assessments.  
 All information will be treated confidentially.

**GENERAL MEDICAL CONDITIONS:**

Please give details of any medical condition (e.g. asthma, allergy, visual or hearing impairment, etc.) \_\_\_\_\_

Has your son any special physical needs? \_\_\_\_\_ If 'Yes', please state the condition \_\_\_\_\_ and give details overleaf.

**MEDICINES:** Permission from the Board of Management is required before a Staff Member may administer any medicines. It is the responsibility of parent(s)/guardian(s) to apply in writing to the Board of Management for this permission. \* See note re ACUTE conditions.

**\*ACUTE MEDICAL CONDITIONS /ALLERGIES:** When accepting a place, parent(s)/guardian(s) of a pupil with an ACUTE medical condition must inform the school, in writing, by completing an 'Acute Medical Form', available from the Secretary. This is only necessary for ACUTE conditions e.g. anaphylaxis, diabetes, epilepsy etc. It is the parent's responsibility to supply the necessary medication, ensure that it is in date and inform us of any changes to instructions/dosage should they occur – e.g. medication dosage may increase as child grows.

Is there any other relevant information regarding your son that we should be aware of? e.g. family situation – separation etc.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ DATE: \_\_\_\_\_  
 NB If separated, BOTH parents must sign