

Application Form for Admission Sept 2024

From Senior Infants to 6th class only. Class enrolling for: _____

Note: This form must be completed in full and returned to the school, along with a Birth Certificate, proof of address and any relevant professional/assessments/reports. Completion of this form does not guarantee your child a place in the school.

Part A Family Details (Required for school enrolment and parental contact purposes)

1. Child's First Name/s:	2. Child's Last Name:																				
3. Address (include eircode):																					
4. Date of Birth <i>(attach copy of birth cert)</i>	5. Child's PPS No.																				
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D	D	--	M	M	--	Y	Y	Y	Y												
6. Mother's Maiden Name: (required if no PPSN)																					
7. Country of Birth: If not born in Ireland please state date of arrival in Ireland:	8. Parent 1 nationality: 9. Parent 2 nationality: 10. Child's nationality:																				

Contact Details

Parent/Guardian 1 Details	Parent/Guardian 2 Details
First Name:	First Name:
Last Name:	Last Name:
Relationship to Child:	Relationship to Child:
Address (If different to above):	Address (If different to above):
Phone No. (Home):	Phone No. (Home):
Phone No. (Mobile):	Phone No. (Mobile):
Email Address:	Email Address:
With whom does the child normally reside: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
No. of children in family:	Position of child in family:
Name of sister(s) in the school:	Class(es):

Are there any orders or other arrangements in place governing access to, or custody of the child:

Yes No

(please provide details) _____

Please provide the school with names and phone numbers of additional people who have permission to collect your child from school. If there is any change in this routine please inform the school in writing.

Part B Education

Previous Primary School Attended: (if applicable)

School Name:	
School Address:	
Class:	Last Teacher:
Principal's Name:	School Phone Number:
Has your daughter been in receipt of any of the following services:	
Learning support (Literacy/Numeracy)	Yes <input type="checkbox"/> No <input type="checkbox"/>
English Language Support (if yes, for how long)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resource Teaching	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Needs Assistant' Support	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please attach school reports/record from previous schools.	
Documents attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reports/Further Relevant Information

Has your daughter ever been referred to an external agency providing Psychological Services, Psychiatric Services (e.g. CAMHS), CNDT, Speech & Language Therapist, Occupational Therapist, Eye/Ear Specialist, Private Assessments?

Yes No If Yes, please specify the service: _____

In the event of transfer from another primary school, I/we give permission to contact my daughter's previous primary school and to obtain copies of academic records, psychological reports and other records necessary for my child's educational welfare. I hereby give the school my consent and instruct my child's previous primary school to release these documents to *Presentation Girls' School, Maynooth*.

Signed: _____

Signed: _____

Date: _____

Date: _____

Part C Medical Details

(Required to ensure the school has your doctor's contact details in order to contact that doctor in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances)

Medical Emergency/Accident

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorize that at their discretion a member of staff may bring my daughter to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) _____

Family Doctor (only if you wish)

Doctors name: _____ Phone no: _____

Does your daughter have any specific medical condition or information of relevance (e.g. asthma, eyesight, hearing etc.) which may affect your child at school?

Does your daughter need to take medication during the school day?

Yes No

If 'yes', please read and familiarize yourself with the schools Safety Statement Section 8.2 Administration of Medicines available on the school website or a hard copy is available from the school Secretary's office.

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.

Does your daughter have an allergic reaction to any medication or food?

Data Protection

The information provided on this form will be used by Presentation Girls' School to apply the selection criteria for enrolment in Junior Infants, and to allocate school places in accordance with the School's Admission Policy and the School's Annual Admission Notice. Where a pupil is admitted to the school, the information will be retained on the pupil's file.

On acceptance of an offer of admission, this information will be entered in the School Administration System and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

In the event of oversubscription, a waiting list of students whose applications for admission to Presentation Girls' School were unsuccessful due to the school being oversubscribed will be compiled, and will remain valid for the school year in which admission is being sought (See Section 13 – School Admission Policy).

Where a child's name is placed on a waiting list, and the child is not admitted to the school, the information provided on this form will be retained for the duration of the school year and will be securely destroyed thereafter.

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students. The information which may be provided to a patron or another Board of Management for this purpose may include all or any of the following:

- (i) the date on which an application for admission was received by the school;
- (ii) the date on which an offer of admission was made by the school;
- (iii) the date on which an offer of admission was accepted by an applicant;
- (iv) a student's personal details including his or her name, address, date of birth and personal public service number (within the meaning of section 262 of the Social Welfare Consolidation Act 2005).

The school may share Personal Pupil Data with organisations such as HSE, Tusla, An Garda Síochána etc. where there is a legal basis for doing so under GDPR.

By signing below, I/we declare that I/we have read the Admissions Policy, which is on www.presgirlsmaynooth.ie. I/we confirm that all information given in this form and in any accompanying documents is true, accurate and complete. I/we wish to enrol our daughter in Presentation Girls' School Maynooth.

Signature of Parent/Guardian 1: _____

Signature of Parent/Guardian 2: _____

Date: _____

For office use only:

Birth Cert

Proof of address

Date received _____

Appendix A

The Department of Education & Skills has developed an electronic database for Primary Schools. This gives the Department access to information that enables it to provide grants and resources to schools and to plan for future provision in specific areas. The DES require a small amount of information to fully register your child on the Primary Online Database (POD). Could you please complete the form below.

Pupil's Name as on Birth Cert: _____

Class: _____

<i>Please tick just <u>one</u> box below</i>	↓
Ethnic or Cultural Background	
White 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 (inc. Mixed Background)	
<i>I do not wish to share this information with the DES</i>	<input type="checkbox"/>

<i>Please tick just <u>one</u> box below</i>	↓
Pupil Origin (before this school)	
Childcare Setting - Pre-Primary Education/Early Start Programme	
Another Mainstream National Sch.	
Special School in Ireland	
Private Primary School (Ireland)	
School in Northern Ireland	
School abroad	
Home - Not in any school	
Other	

<i>Please tick just <u>one</u> box below</i>	↓
Religion	
Roman Catholic	
Church of Ireland (inc. Protestant)	
Presbyterian	
Methodist, Wesleyan	
Jewish	
Muslim (Islamic)	
Orthodox (Greek, Coptic, Russian)	
Apostolic or Pentecostal	
Hindu	
Buddhist	
Jehovah's Witness	
Lutheran	
Atheist	
Baptist	
Agnostic	
Other Religions	
No Religion	
<i>I do not wish to share this information with the DES</i>	<input type="checkbox"/>

Is one of the pupil's language spoken at home Irish or English? Yes No
 Language spoken at home if not Irish or English

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

Parent/Guardian Signature: _____ Date: _____