

Presentation Primary School
Warrenmount
Blackpitts
Dublin 8.

Phone: 01 4539547
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E-mail: warrenmt@eircom.net
Web Address: www.warrenmountprimary.com

Application for admission of new
pupil for the year _____
Class _____

**Please include a copy of your child's
birth certificate with this form.**

Date of application: _____

Personal Details - Child

First Name: _____ Surname: _____
Address: _____
Date of Birth: _____ Child's P.P.S.N _____ Male Female
Child's first language: _____ Child's Nationality: _____
Has child attended playgroup or creche? Yes No
Name of playgroup/creche: _____

Family Details

| | |
|--|------------------------------------|
| Mother | Father |
| First Name _____ | First Name _____ |
| Surname _____ | Surname _____ |
| Occupation _____ | Occupation _____ |
| Phone Numbers. | Phone Numbers. |
| Home: _____ | Home: _____ |
| Mobile: _____ | Mobile: _____ |
| Work: _____ | Work: _____ |
| Mobile for text messages: _____ | |
| No. of children in family: _____ | Place in family: _____ |
| Have you other children in this school? Yes <input type="checkbox"/> No <input type="checkbox"/> Names: _____ | |
| Are you a past pupil? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/> | |
| Religion: _____ | Nationality: _____ Language: _____ |

Extra Contact—if parents not available.

Name: _____
Address: _____
Mobile: _____ Phone: _____
Relationship to child: _____

Administration only.
D.O.A. _____
D/Base _____
Health Alert _____
F. in Sch. _____
R. _____
E.S. _____

Medical & Health Information.

Family Doctor: _____ Phone: _____

Has your child any allergies? Yes No

Give Details: _____

Has your child any health problems? Yes No

(Examples: epilepsy, asthma, sight, hearing or speech.)

Give Details: _____

Parent/Guardian Information & Permission.

Your child is required to wear the school uniform.

The Department of Ed. & Skills approved S.P.H.E. (Social, Personal & Health Education Programme) are taught in this school. (These include the "Stay Safe", "Walk Tall" & "RSE" programmes.)

Do you give permission for your child to be photographed during school activities:
Yes No

Do you give permission for your child to be included on the school website in accordance with the Dept. of Ed. "Child Protection Guidelines": Yes No

Parental/Guardian Agreement.

We/I have read on the web site or received copies of the School Information Booklet and the Code of Behaviour Booklet.

We/I understand that our/my child must abide by the guidelines in these booklets to support the rules and ethos of this school.

Completion of the application form does not automatically entitle a child to a place in the school. The school's enrolment policy will be followed when allocating places to pupils.

Signed: _____ Date: _____

School Transfer.

Previous School.

Name: _____

Address: _____

Class: _____