## APPLICATION FOR ADMISSION 2024-2025

Any information you give on this form will be treated with the strictest confidence and in accordance with Data Protection. Please return form with Birth Certificate, which will be returned to you) along with a copy of all assessments relating to your child's development and/or needs.

CLOSING DATE: 26th January 2024

## Please tick

ASD	Junior	Senior	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>		6 <sup>th</sup>
Preschool	Infants	Infants	class	class	class	Class	clas	ss	class
Class									
Name of child				Date of Birth Male/Female					emale
Address									
Nationality	Eircode								
Phone Number				PPS No					
Email Add			ers already in	OI. Mai y	3 / i iliur y				
Name of F	Parent/Gua	rdian					, ,		
Name and	address o	f preschool/p	orevious schoo	l attended	1:				
(I consent	Parent/	Parent/Guardian Signature:							
(I have read of St. Mar	Date:								

IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

We will be using the Pending Enrolment facility on the Department of Education system POD. If you accept a school place this information will be uploaded on to POD.