



St. Mary's Junior School Application Form

Rowlagh, Clondalkin, Dublin 22
Tel. 01-6263266

www.stmarysjunior.ie
e-mail: office@stmarysjunior.ie

OFFICE USE

Date application was received: _____

Form completed and signed: Yes ☐ No ☐

All relevant documents received: Yes ☐ No ☐

1. Details of Child

First Name: _____ Surname: _____

Date Of Birth: _____ Gender: Male ☐ Female ☐

Nationality: _____ Country of Birth: _____

P.P.S. Number: _____ Language(s) spoken at home: _____

Address: _____

Name & address of previous playschool/crèche/school attended: _____

Did your child receive additional support e.g. learning support, AIMS support in their previous school? Yes ☐ No ☐ Please give details _____

2. Class details

Please indicate which class you are applying for:

Junior Infants ☐ Senior Infants ☐ 1st Class ☐ 2nd Class ☐ ASD class* ☐

*The ASD class in St. Mary's J.N.S. caters for children who have a diagnosis of Autism Spectrum Disorder (ASD).

Please attach your child's professional reports and the NCSE letter of eligibility to support this application.

3. Details of the Parent(s)/Guardian(s)

	Mother/Legal Guardian	Father/Legal Guardian
Name:	_____	_____
Address:	_____ _____	_____ _____
Eircode:	_____	_____
Telephone No:	_____	_____
Email Address:	_____	_____
Occupation:	_____	_____

If there are any court orders or other arrangements in place governing access to or custody of the child, please provide details or relevant documentation:

No court order/arrangement in place ☐

Court order/arrangement in place ☐

Details: _____



St. Mary's Junior School Application Form

Rowlagh, Clondalkin, Dublin 22
Tel. 01-6263266

www.stmarysjunior.ie
e-mail: office@stmarysjunior.ie

4. Emergency Contacts

Relatives, childminders, or neighbours who can be contacted if parents/guardians are unavailable

Name:	1. _____	2. _____
Telephone No.:	_____	_____
Relationship to Child:	_____	_____

5. Medical/Therapeutic Details

Please list any medical conditions/food allergies/other allergies that your child has: _____

If your child requires medication while in school, you must complete an 'Administration of Medication Form' available in the office.

Has your child been referred to and/or attended any of the following professionals?

Speech & Language Therapy ☐ Occupational Therapy ☐ Physiotherapy ☐

Counselling ☐ Other (give details) ☐ _____

If they have attended any of these supports please provide the school with a copy of any relevant reports.

6. Parental Consent

I hereby give permission for my child in relation to the following:	YES	NO
• For my child to receive additional support teaching (if required)	<input type="checkbox"/>	<input type="checkbox"/>
• For my child to participate in S.P.H.E. lessons, including the Stay Safe, Walk Tall and R.S.E. programmes.	<input type="checkbox"/>	<input type="checkbox"/>
• For photographs/videos which may include my child to appear on the school website/displays within school subject to the acceptable use policy of the school.	<input type="checkbox"/>	<input type="checkbox"/>
• For my child to go on class trips, school tours and visits to community events (e.g. park visits, library visits, local events)	<input type="checkbox"/>	<input type="checkbox"/>
• For my child to use technology and the internet subject to the acceptable use policy of the school.	<input type="checkbox"/>	<input type="checkbox"/>
• For my child to be taken by ambulance to hospital in case of serious illness / accident	<input type="checkbox"/>	<input type="checkbox"/>

7. Behaviour Policy & Child Protection

I agree to support all school policies and in particular the School's Code of Behaviour and Bí Cineálta anti-bullying policy. I understand and accept that the Behaviour Policy will apply to my child at all times while in school or engaging in school activities/trips. Being a KiVa school supports restorative practices and I agree to this process.

I understand that the school follows the Children First – Child Protection Guidelines and has a responsibility to cooperate fully with statutory agencies in issues which may involve my child.

I can access the policies on the school website and/or from the office.

Signed: Parent/Guardian _____ Date: _____

In order to enrol a child in St. Mary's J.N.S. you must accept and abide by the school's code of behaviour.



St. Mary's Junior School Application Form

Rowlagh, Clondalkin, Dublin 22
Tel. 01-6263266

www.stmarysjunior.ie
e-mail: office@stmarysjunior.ie

8. Data Protection

The following is considered sensitive personal data which the Department of Education and Skills asks primary schools to furnish. Your written consent is required to record this information and for the school to forward this information to the Department for the purposes as outlined in circular 001/2014 a copy of which is available at www.education.ie or on request from the school. (Note: your consent in this Category is **optional**)

Ethnic or cultural background:

White Irish ☐

Asian or Asian Irish (Chinese) ☐

Irish Traveller ☐

Asian or Asian Irish (or any other Asian background) ☐

Roma ☐

Any other White background ☐

Other, including mixed race background

Black or Black Irish (African) ☐

☐

Black or Black Irish (or any other Black background) ☐

No Consent ☐

Your child's religion: _____

Yes

No

The information provided on this form is correct and may be stored as part of school records on the school's management information system 'Aladdin' (*secure software used solely for administering the education of your child*)

☐

☐

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

☐

☐

I also consent to the school:

- Sharing my child's details with the relevant Health Authorities where such information relates to providing dental care, immunisation and/or other health care normally provided through the school.
- Sharing relevant details relating to my child with the local School Completion Programme, where this relates to supporting attendance or involvement in clubs, etc.
- Sharing my child's records (attendance, standardised results etc.), reports and other relevant information with another school in order to facilitate his/her transfer to that school.
- Sharing relevant information with the NCSE (*National Council for Special Education*) if required.

☐

☐

☐

☐

☐

☐

☐

☐

Signed: Parent/Guardian _____ Date: _____