

Presentation Girls' Primary School, Maynooth, Co. Kildare.

Application Form for admission into any class other than Junior Infants for September _____

Please fill in the following details (leaving no section blank).

Please attach a copy of Birth Certificate and Baptismal Certificate (if applicable).

Child's Name: _____ DOB: _____

Religion: _____ Phone No.: _____

Address: _____

_____ Nationality: _____

Year of arrival in Ireland: _____

Parents Nationality & year of arrival in Ireland: _____

Doctor: _____ Tel: _____ Parish: _____

Previous Primary School attended _____

Address: _____ Class: _____

Tel Number of School: _____

Name of Principal: _____ Reports supplied: Yes / No

Family Details

Mother's Name: _____ Father's Name: _____

Occupation: _____ Occupation: _____

Place of Work: _____ Place of Work: _____

Mobile No: _____ Mobile No.: _____

Work No.: _____ Work No: _____

Please write in extension number or section if you work for a large company.

Legal Guardian(s) of child (*if not the above*): _____

Name of Sister(s) in the school: _____ Class: _____

.....continued overleaf



Name & Address of Child Minder: _____

Tel: (H) _____ (Mobile No.) _____

If you are not contactable and do not have a regular childminder, please supply an alternative name and contact number(s): _____

The school has my permission to contact and/or leave my child with the above named person(s) in the event of an emergency. Yes No

Travel Arrangements. If by Bus please give name of Bus Company.

Has your child ever been referred to an agency providing Psychological/Psychiatric Services (e.g. Child Guidance Clinic/Health Board) Speech Therapist, Eye/Ear Specialist, etc?

Yes No

Details: _____

Does your child have any serious illness and/or allergies e.g. nut allergy, asthma etc. that we need to be aware of (please give details).

Does your child need to take medication during the school day: Yes No

Details: _____

Do we have your permission to contact your or another doctor in the event of an emergency or to take your child directly to hospital, should we find it impossible to contact you?

Yes No

Should there be any other confidential information you do not wish to put on this form, please make an appointment to meet the Principal.

Signature of parent/guardian: _____

Date: _____
