

Scoil Mhuire,  
Páirc an Uisce,  
Carrraig Uí Leighin,  
Co. Chorcaí.



Principal: Ms. Valerie Elliffe  
Deputy Principal: Ms. Olive Bradfield  
Chairperson of B.O.M.: Dr. Andrew Gleasure

St. Mary's N.S.,  
Waterpark,  
Carrigaline,  
Co. Cork.

Under Church  
of Ireland Patronage

**PLEASE ENSURE YOU HAVE READ THE ADMISSION POLICY FOR ST MARYS NATIONAL SCHOOL AND THE ANNUAL ADMISSION NOTICE ON THE SCHOOL WEBSITE – [WWW.STMARYSNSCARRIGALINE.IE](http://WWW.STMARYSNSCARRIGALINE.IE)**

### Application Form

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_ Eircode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ P.P.S. No: \_\_\_\_\_

Class you are applying for: \_\_\_\_\_

Nationality: \_\_\_\_\_ Child's Religion/Denomination: \_\_\_\_\_

Names of brothers or sisters in school: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Contact person if parent not available: Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_

*Please detail any medical condition or other relevant information.*

\_\_\_\_\_

*If your child has had any type of assessment, please give details:*

\_\_\_\_\_  
\_\_\_\_\_

**Name of pre-school attended:**

\_\_\_\_\_

**Please state if you have applied for a place in another national school:**

**Yes**                                      **No**

**Name of other school/s:**

**Please note that schools may share application details for determining numbers.**

**Data Protection Act 2018: I give permission to the school to hold the above details on file and use on school related matters. (Please tick box)**                                     

**Does any legal order under family law exist of which the school should be aware? Yes/No**  
*If so, please furnish school with copy of documentation*

**I request a place for my child \_\_\_\_\_ in St. Mary's. N.S.**

**I am happy that my child will abide by the St Mary's National School Code of Behaviour.**

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only:    Date Application Received:** \_\_\_\_\_

**Priority Category (if any)** \_\_\_\_\_

**Date of acceptance/refusal** \_\_\_\_\_

**Signature (a) Principal** \_\_\_\_\_

**Signature (b) Chairperson B.O.M.** \_\_\_\_\_

**Reason for refusal (if any)** \_\_\_\_\_

**Check List for Application:**

- 1. Fully completed application form**
- 2. Child's birth certificate**
- 3. Proof of address i.e. Utility bill**
- 4. Minority religion form (if applicable)**
- 5. Assessments/court mandates (if applicable)**