

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

Principal: Ms. Valerie Elliffe

Deputy Principal: Ms. Olive Bradfield

Chairperson of B.O.M.: Mrs Brenda Haubold



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.**

### **Application Form JUNIOR INFANTS**

Fully completed Application Forms will be processed by the Board of Management. In October of the school year prior to admission for Junior Infants.

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

**Address:** \_\_\_\_\_ **Eircode;** \_\_\_\_\_

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

**Proposed year of entry:** \_\_\_\_\_

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

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

**Parent 1. Name:** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Parent 2. Name:** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Parent 1 Email** \_\_\_\_\_ **Parent 2 Email:** \_\_\_\_\_

**Contact person if parents not available: Name:** \_\_\_\_\_

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

Name of Pre-School attended. \_\_\_\_\_

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

Please detail any medical condition or other relevant information.

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

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Have you applied for a place in another national school in the area?

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 Parents or Guardians: \_\_\_\_\_

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

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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)