

# GAIRMSCOIL MHUIRE

Athenry, Co. Galway



## Application Form

Please PRINT

### SECTION 1: DETAILS OF STUDENT

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ P.P.S. No: \_\_\_\_\_

\_\_\_\_\_ Nationality: \_\_\_\_\_

\_\_\_\_\_ Male/Female: \_\_\_\_\_

\_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

### SECTION 2: DETAILS OF PARENTS/GUARDIANS

Name of Father/Guardian: \_\_\_\_\_ Name of Mother/Guardian: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

e-mail : \_\_\_\_\_ e-mail: \_\_\_\_\_

Position in Family e.g. eldest/youngest etc. \_\_\_\_\_

Names of Family members in this school at present:

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_

### SECTION 3: MEDICAL HISTORY

Any conditions - emotional/physical/learning that are of relevance to the school:

(Include doctors' reports if applicable) \_\_\_\_\_

Is your son/daughter physically fit to play sport? Y/N \_\_\_\_\_

If not, please state reason: \_\_\_\_\_

Has your son/daughter any physical problems which may need regular medical attention e.g. asthma, epilepsy etc. \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

Do you or your child hold a medical card Y/N \_\_\_\_\_

**SECTION 4: EDUCATIONAL HISTORY**

Previous primary school attended: \_\_\_\_\_

Principal: \_\_\_\_\_

Exemption from Irish Y/N \_\_\_\_\_ if yes, please submit **copy of Exemption Certificate**.

Is your son/daughter receiving any additional learning support? Y/N \_\_\_\_\_

Any other relevant information e.g. psychological reports: \_\_\_\_\_

**SECTION 5: ADDITIONAL INFORMATION**

Sports played and level: \_\_\_\_\_

Other interests and achievements: \_\_\_\_\_

Other information, which would be of interest/relevance to the school. \_\_\_\_\_

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

**SECTION 6: INSTRUCTIONS AND INFORMATION FOR PARENTS**

The application form should be fully completed and returned to the school with all relevant medical and educational reports. Applicants for 1st year are required to sit a Transition Assessment. Prospective parents should acquaint themselves with the school's **Code of Behaviour** and **Admissions Policy** available at [www.av.scoilnet.ie](http://www.av.scoilnet.ie)

**SECTION 7: Consent for Return of Sensitive Data to the Department of Education and Skills and to share with your son/daughters teachers.**

Certain sensitive data which the Department asks post-primary schools to furnish via the “*Annual Post-Primary School October Return/Examination Entries*” process requires your written consent for the school to record this information and for the school to forward this information to the Department for the purposes as outlined in circular 47/2010 a copy of which is available at [www.education.ie](http://www.education.ie) .

I consent to information being shared/forwarded to the Department of Education and Skills and where appropriate with class teachers

Signed: \_\_\_\_\_ Parent/Guardian

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

**SECTION 8: SIGNATURE OF PARENTS/GUARDIANS**

We, the undersigned, have read and accept the **Admission Policy** of Gairmscoil Mhuire Athenry.

Signed: \_\_\_\_\_ (Parent/Guardian)

Signed: \_\_\_\_\_ (Parent/Guardian)

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