

St. Martin's N.S.

Brittas, Co. Dublin. D24 WK77.

T: 01 4582311 F: 01 4582311

E: martinsbrit.ias@gmail.com

W: stmartinsbrittas.ie



APPLICATION FORM

DETAILS

Child's First Name	Date of Birth
Child's Surname	Child's Gender
Child's Address	Child's PPs Number
	Child's Nationality
	Country where Born
Eircode	Child's First Language

CLASS APPLIED FOR Jnr Inf Snr Inf 1st Class 2nd Class 3rd Class 4th Class 5th Class 6th Class

Father's Full Name	Mother's Full Name
	Mother's Maiden Name
Father's Address	Mother's Address
Father's Mobile Number	Mother's Mobile Number
Father's Work Number	Mother's Work Number
Father's Occupation	Mother's Occupation
Father's Country of Origin	Mother's Country of Origin

Name and Address of Playschool/Previous School

Ethnic/Cultural Background

(Please tick one)

Name	<input type="checkbox"/> White Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Any Other White Background
Address	<input type="checkbox"/> Roma <input type="checkbox"/> Black African <input type="checkbox"/> Any Other Black Background
	<input type="checkbox"/> Other <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Asian Background
	Religion
	If R/C Where Baptised
Class on Leaving Other Primary School	

Details of Siblings and Past Relatives who attended St. Martin's

Sibling currently in St. Martin's?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please give name and class of sibling	
Past Relative in St. Martin's?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please give name and relationship to applicant	



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Additional Information

Has your child any special needs? Yes No

If YES, please give details

Please give details of any Medical/Health condition that we should know about, (e.g. Asthma, Allergy, Visual, Hearing Impairment)

Contact Information

Preferred Mobile Number for School Text Purposes

Preferred Email for School Contact Purposes

Minders Name and Mobile Number (If Applicable)

Emergency Contact Information:

In the event of an emergency, if neither parent can be contacted, whom should the school contact?

(Please give details of two contacts)

Name	Name
Mobile	Mobile
Tel	Tel
Relationship to Child	Relationship to Child

Other Relevant Information

Is there any other relevant information regarding your child that we should be aware of? (E.g. family situation, separation etc.?)

Under Family Law, is there a legal document the school should be aware of? (If yes, please provide copy) Yes No

IMPORTANT INFORMATION

Thank you for taking the time to consider St. Martin's as your child's Primary School.

Please sign below indicating that you 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 their time in primary school.

Please inform the school of any changes in contact information or circumstances relating to this application.

Parent Signature: _____ Date: _____

Each Application must be accompanied with your child's Birth Certificate and also a Utility Bill. A Baptismal Certificate is only required if you wish your child to celebrate the Sacraments of Confession, Communion and Confirmation.

FOR OFFICE USE ONLY:

Date Application Received: _____ Sig: _____ Offer Sent: _____