

**HOWTH PRIMARY SCHOOL – SCOIL MHUIRE**



**HOWTH, Co. DUBLIN**

**APPLICATION ENROLMENT FORM 2025/2026**

Junior Infants  Other Class  Please Specify: \_\_\_\_\_

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**CHILD'S DETAILS:**

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: (Please Circle) **Male / Female**

Number of children in family: \_\_\_\_\_ Place of child in family: \_\_\_\_\_

Sibling(s) in Scoil Mhuire, Howth Primary School: Name & Current Class: \_\_\_\_\_

\_\_\_\_\_

**PRIMARY ONLINE DATABASE (POD REQUIREMENTS):**

Country of Birth: \_\_\_\_\_ PPS Number: \_\_\_\_\_

Ethnic/Cultural Background: \_\_\_\_\_ Religion: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Nationality: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

\_\_\_\_\_

**PARENTS/GUARDIANS DETAILS:**

Mother's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Do you use Maiden Name: **Yes / No**

Mother's Mobile No: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Mother's Address (if different to above): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Father's Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Address (if different to above): \_\_\_\_\_

**PARENT'S MARITAL STATUS: (Please circle) Married / Single / Divorced / Separated / Other**

Please note: Where there is more than one Guardian the Board of Management understands it to mean that the person signing this form is doing so on behalf of both Guardians.

If Divorced/Separated please state to whom School Reports/Notice of Parent/Teacher Meeting are to be sent:

Mother  Father  Both Parents

Are there any legal arrangements / custody orders that we should be informed of in the interest of your child?

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

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**PREVIOUS SCHOOL OR PLAYSCHOOL/MONTESSORI DETAILS:**

Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Which session & class does your child attend? \_\_\_\_\_

How long has your child attended School/Playschool/Montessori? \_\_\_\_\_

**N.B.**

If applying for a place in Senior Infants – 6<sup>th</sup> Class PLEASE INCLUDE relevant school reports.

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**ENGLISH LANGUAGE SUPPORT CONSENT FORM**

We wish to give permission for our child \_\_\_\_\_ (Name)  
to attend English Language Support.

Our child was born on: \_\_\_\_\_ (date)

Our family moved to Ireland on: \_\_\_\_\_ (date)

We came from: \_\_\_\_\_ (Country)

Our first language in our home is: \_\_\_\_\_

This will be our child's first / second year receiving English Language Support.

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TO MAKE PROVISION FOR ANY EXTRA EDUCATIONAL OR CARE NEEDS, IT IS ESSENTIAL THAT ANY ILLNESS/DISABILITY/ALLERGY BE HIGHLIGHTED. THIS INFORMATION IS

**STRICTLY CONFIDENTIAL. IT IS IN YOUR CHILD'S BEST INTEREST TO SHARE ALL INFORMATION IN ADVANCE OF YOUR CHILD STARTING SCHOOL.**

**Has your child been referred to any other outside agency? (e.g. Speech Therapist, Social Worker, Psychologist, Specialist)?** Yes  No

**If yes, please give details below & include copies of all relevant reports with your application.**

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**Do you have concerns for your child regarding any of the following:-**

Sight	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Language	<input type="checkbox"/>	Co-ordination	<input type="checkbox"/>
Sociability	<input type="checkbox"/>	Concentration	<input type="checkbox"/>	General Alertness	<input type="checkbox"/>	Temperament	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Other <input type="checkbox"/>	None <input type="checkbox"/>

**Please tick all relevant boxes above and give further details below. Where necessary include copies of all relevant reports with your application. Please see our Administration of Medication Policy on our website: [www.howthprimaryschool.ie](http://www.howthprimaryschool.ie) . An Indemnity Form, Healthcare Plan for Pupils, Consent Form and Emergency Plan should be completed and returned (in hard copy) with your Application Form if deemed necessary.**

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#### **IN THE EVENT OF ACCIDENTS**

I certify that, in the event of my child meeting with an accident during school hours, the Principal, or a nominated staff member has my permission to seek medical aid and, if necessary, to take him/her to hospital if the school cannot contact either parent by phone or either of my two alternative names below. I further certify that this permission continues to be valid until withdrawn in writing by me.

**Signature of Parents/Guardians:**

Guardian 1 \_\_\_\_\_ Guardian 2 \_\_\_\_\_

**Family Doctor's Name/Address/Phone No:** \_\_\_\_\_

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#### **ALTERNATIVE ARRANGEMENTS**

If it becomes necessary to send your child home in an emergency (e.g. due to sickness, accident, school closures etc.) and we cannot contact you, we require two alternative contact numbers. When providing alternative contacts please ensure the person nominated is aware of this and willing to act as an alternative contact and is within easy reach of the school.

<b>NAME</b>	<b>ADDRESS</b>	<b>MOBILE NO.</b>
1) _____	_____	_____
2) _____	_____	_____

#### **AFTER SCHOOL CARE**

Crèche / Minder Name and Phone Number:

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**To ensure continuity of learning for pupils and in compliance with GDPR, we are seeking your permission to transfer your child’s personal information, end of year reports, psychological reports, assessments, standardised test results to any other National School to which your child transfers.**

I give  do not give  parental/guardian consent (tick appropriate box).

**We are seeking your permission for your child to be photographed during various school events. These may be published on our website/newsletter/external publications. (Child’s forename only will be used in any publication external of internal).**

I give  do not give  parental/guardian consent (tick appropriate box).

**Part of the school curriculum involves the children going on nature walks, library visits, sports related activities and tours. We request your consent to have your child involved in any such school related outing.**

I give  do not give  parental/guardian consent (tick appropriate box)

**Where deemed necessary, the Special Education Team provide additional support to help improve children’s Maths and Handwriting skills. Children are occasionally withdrawn in small groups to be taught these skills under the care of the Special Education Team.**

I give  do not give  parental/guardian consent (tick appropriate box)

**Part of your child’s holistic development includes teaching social skills. Children are occasionally withdrawn in small groups to be taught these skills under the care of the Special Education Team.**

I give  do not give  parental/guardian consent (tick appropriate box)

**1) We are aware that Scoil Mhuire, Howth Primary School has a number of important policies which are available on the website: [www.howthprimaryschool.ie](http://www.howthprimaryschool.ie) e.g.**

Code of Behaviour Administration of Medication Healthy Eating Health & Safety

**We understand that it is our responsibility as Parents/Guardians to ensure our child adheres to the policies in an age-appropriate manner**

**2) In compliance with 2018 Child Protection Legislation the school has a Child Protection Safeguarding Statement. We acknowledge we cannot upload photographs or video footage of pupils or staff members onto any form of social media, without permission.  The school’s Child Protection Safeguarding Statement is available on the school website or on request from the school secretary.**

**3) We have read and understand the letter entitled “General Data Protection Regulations (GDPR) in the Application Form**

**4) We understand Scoil Mhuire, Howth Primary School is required to upload our child’s details to Primary Online Database.**

**5) We must inform the school if there are any changes to the information given on the form, e.g. medical circumstances, change of address, Aladdin Connect information and alternative collection arrangements**

**Please tick boxes above and sign to confirm Points 1-5 have been acknowledged**

**Guardian 1 \_\_\_\_\_ Guardian 2 \_\_\_\_\_**

## **IMPORTANT INFORMATION**

### **First Round Offers of Place – Junior Infants :**

The Board of Management is bound by the Department of Education Rules for National Schools which provides that pupils may only be enrolled from the age of four years and upwards though compulsory attendance does not apply until the age of six years. All age appropriate applicants will be considered but **not guaranteed a place.** Please note that the cut-off date of birth may vary from year to year and the Board of Management reserves the right to determine said cut-off date of birth. For further information please see our full Enrolment Policy.

### **Late Applications:**

All late applications will be placed and considered in the Third Round of Offers of Places.

## **DOCUMENTATION WHICH MUST ACCOMPANY ALL APPLICATIONS**

### **Checklist:**

**Please put all of the documentation listed below in a large envelope with child's name and date of birth clearly written on the front.**

Completed Application Form	Tick	Two recent passport photos (please write child's name on reverse of photos	Tick
Original Birth Certificate or Adoption Certificate		Two stamped addressed envelopes	
Two original Revenue or Department of Social Welfare documents or Utility Bills (required as proof of address)		Child's PPS Number (completed on page 1)	
		Closing date of completion of Admissions Forms is <b>31/01/2025.</b>	

**Signed:** \_\_\_\_\_

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

**Signed:** \_\_\_\_\_

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