



# APPLICATION FOR ADMISSION



to  
Scoil Mhuire Gan Smál, New Inn,  
Cashel, Co. Tipperary. E25 VH05  
(052) 7462122, [newinn.ias@eircom.net](mailto:newinn.ias@eircom.net)  
[www.newinngirlsschool.ie](http://www.newinngirlsschool.ie)

## Student's Details:

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

Form of Name to be used in school (if different from above): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ P.P.S. Number: \_\_\_\_\_ Gender: M/F \_\_\_\_\_

Religion: \_\_\_\_\_ Where Baptised (if R.C.) \_\_\_\_\_

If non-catholic do you wish your child to participate in Catholic religious education in school? Y/N \_\_\_\_\_

Nationality: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

To which ethnic or cultural background group does your child belong to? (please tick one):

*White Irish*  *Irish Traveller*  *Roma*  *Any other white background*  *Black African*

*Any other black background*  *Chinese*  *Any other Asian background*

*Other (including mixed background)*

## Parents/Guardians Contact Details

Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_

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

\_\_\_\_\_

Occupation: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Mobile Number to be used on the school's "textparent" service: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Name and number of persons to contact if parents are unavailable:

Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name of family members already in this school: \_\_\_\_\_

Name of previous school (Creche/Playschool etc.) \_\_\_\_\_

Does your child wish to avail of school transport? Yes \_\_\_\_\_ No \_\_\_\_\_

In the case of an emergency do you give permission for your child to be seen by a doctor or a member of the emergency services? Yes \_\_\_\_\_ No \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

In the event of being unable to contact you, do you authorise the teachers to take your child to hospital, in the case of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Any medical condition/allergies/illnesses we should be aware of? \_\_\_\_\_

Any educational/psychological/motor issues/assessments we should be aware of? \_\_\_\_\_

Do you give permission for your child's work/name/photo to be used on the school's website? Yes \_\_\_ No \_\_\_  
(Please note individual names and addresses will not appear on the school's website. Generally, photographs will be group photos)

Do you support the school's Code of Behaviour? (see school booklet/website) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you give permission for your child to go on school outings while she/he is a pupil here. E.g. School tour, swimming, matches etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you give permission for these details to be shared with the Department of Education & Skills, H.S.E. & School Transport in accordance with current Data Protection regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other relevant information.

**Please sign:** Father: \_\_\_\_\_ Mother: \_\_\_\_\_