APPLICATION FOR ADMISSION



to

Scoil Mhuire Gan Smál, New Inn, Cashel, Co. Tipperary. E25 VH05 (052) 7462122, newinn.ias@eircom.netwww.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	
If non-catholic do you wish your chi	ld to participate in Catholic religiou	us education in school? Y/N	
Nationality:	Home Phone Number:		
To which ethnic or cultural backgrou	and group does your child belong to	? (please tick one):	
White Irish □ Irish Traveller □ Roma □ Any other white background □ Black African □			
Any other black background \square Chinese \square Any other Asian background \square			
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 "textaparent" 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 emergency services? Yes No	member of the
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 case of an emergency? Yes No	hospital, in the
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 (Please note individual names and addresses will not appear on the school's website. General will be group photos)	? Yes No
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. swimming, matches etc.? Yes No	.g. School tour,
Do you give permission for these details to be shared with the Department of Education & Sk School Transport in accordance with current Data Protection regulations? Yes No	•
Any other relevant information.	
Please sign: Father: Mother:	