



# Admission Form 2021

## Presentation Primary School

### For Office Use Only

Admis. Form  Date: \_\_\_\_\_  
 Birth Cert   
 POD  Utility

**Pupil Information** Class being applied for \_\_\_\_\_

**Start Date** \_\_\_\_\_

First Name	
Surname	
Date of Birth	
PPS Number	
Address	
Eircode	
Nationality	
Country of Birth	
Home Language	
Doctor's Name and Number	
Religion	
Place of Baptism if relevant	
Previous Pre-School/School	
Name and class of sisters in this school.	1. 2. 3.

### Mother/Parent 1/Guardian 1 Information

### Father /Parent 2/Guardian 2 Information

First Name	
Surname	
Nationality	
Phone Numbers	Mobile: Home: Work:
Email	

First Name	
Surname	
Nationality	
Phone Numbers	Mobile: Home: Work:
Email	

### Other Information

Are there any Medical Issues the school should be aware of?	<i>(if YES, please elaborate)</i>
Are there any Special Needs that the school should be aware of?	<i>(if YES, please elaborate &amp; supply copies of any relevant reports and assessments etc)</i>
Is there any additional information/previous referrals the school should be aware of? e.g. Speech and language, occupational therapy, AIMS Reports or Psychological Reports.	<i>(if YES, please elaborate &amp; supply the school with any relevant documentation)</i>
Does any Legal/Court Order exist that the school should know of?	<i>(If yes please elaborate)</i>

## Permission to Collect/Emergency Contacts

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. These contacts will also be used if your child gets sick, or the school closes unexpectedly and we cannot contact you. If there is any change in this information, please inform the school.

First Name	
Surname	
Contact Numbers	M: H: W:
Relationship to child	

First Name	
Surname	
Contact Numbers	M: H: W:
Relationship to child	

**Permission is required for the following. Please tick and sign below to give consent.**

I give permission for staff to bring my child to the doctor/hospital in an emergency.	
I give permission for my child to be treated for minor accidents e.g. cuts/grazes.	
I give permission for child and family details (name, address, parents details, ethnicity, religion, D.O.B. etc) to be given to agencies such as the Dept of Education, HSE (school nurse, doctor, dentist, SENO, speech and language therapists etc.) and future schools	
I give permission for teachers to carry out assessment/diagnostic testing on my child to support them in their educational development.	
I give permission for my child to attend the Learning Support teacher if necessary.	
I give permission for my child's photograph/image to be included in school related activities, competitions, website etc.	
I give permission for my child to go to swimming, matches, school tours and other school related activities.	
I have read and agree to abide by the school's Code of Behaviour.	
I have read the Admissions Booklet & I understand it & agree to it.	

**If you have applied to another school please give details:**

**Name of School:** \_\_\_\_\_ **Address of School:** \_\_\_\_\_

✓ *I have enclosed copies of any relevant reports and assessments.*

✓ *I have enclosed a copy of my child's Birth Certificate with this enrolment form.*

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

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

**Presentation Primary School,**  
Portarlinton,  
Co. Laois  
Roll Number: 15556i

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**Website:** [www.presprimary.ie](http://www.presprimary.ie)