

New Pupil Application Form 2026/2027

St. Martin de Porres NS, Heatherview Lawn, Aylesbury, Tallaght, D24HF54

(01) 4511319

smdpnsoffice@gmail.com

Child's First Name: _____

Child's Second Name(s)/Family Name: _____

Address: _____

Eircode: _____

Telephone no: _____

Mobile: _____

Email: _____

D.O.B: _____

Male: Female:

PPSN: _____

Parents' Nationality: _____

Child's Nationality _____

Language spoken at home: _____

Illnesses/Allergies? _____

Special Educational Need: _____

Religion: (if Christian, please state nomination or Church E.g. (Catholic, Baptist, Church of Ireland etc.) _____

Name Parent 1: _____

Name Parent 2: _____

Previous school (if any): Name of School: _____

Address: _____

Reason for leaving the school: _____

(please enclose any reports your child may have from the previous school)

Class child is due to start in: _____

Start date: _____

Date of application: _____

Other children in family: _____

Ages of children

1. _____

2. _____

3. _____

4. _____

Any other information: _____

Signature: _____

Please attach a copy of your child's birth certificate, baptismal certificate if relevant and proof of your address along with the application.

Consent Form:

I give permission:

1. for my child to participate in school Outings or Events
2. for school authorities to call a Doctor or ambulance should they deem in necessary
3. to be photographed or videoed while in the care of the school
4. to change clothes should the need arise
5. for my child to attend the Church for mass/religious celebrations

Note: *These consents will remain in force while the pupil remains at the school unless it is specifically withdrawn by the parent or guardian.*

<u>Office Use Only</u>	
Offer of Place letter sent	<input type="checkbox"/>
Acceptance letter received	<input type="checkbox"/>
Paid	<input type="checkbox"/>
Meeting letter sent	<input type="checkbox"/>
School Stamp	