

New Pupil Application Form 2024/2025

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: _____

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

Note: *These consents will remain in force while the pupil remains at the school unless it is specifically withdrawn by the parent or guardian.*

Office Use Only

- Offer of Place letter sent**
- Acceptance letter received**
- Paid**
- Meeting letter sent**

School Stamp