## **Mount Sion Primary School**

## An Edmund Rice School

Barrack Street, Waterford City

Roll No: 19947U

Phone: 051-377947

Email: office@mountsionprimaryschool.ie



## APPLICATION FORM FOR ADMISSION TO MOUNT SION PRIMARY SCHOOL 2024/2025

(PRIVATE AND CONFIDENTIAL)

Mount Sion Primary School is entitled to be supplied with all relevant information. All information given must be true and accurate and will be treated in a strictly confidential manner. False or misleading information will lead to disqualification of the application.

PUPIL'S DETAILS	
Child's First Name:	Child's Surname:
Child's Date of Birth:	Child's PPS No:
	d for correspondence on application process and must be
Child's Religion:	
DETAILS of PARENTS/GUARDIANS	
1. Full Name:	
Please state relationship to applicant:	
Contact details of parent/guardian at 1. above:	e: Phone:
	Email:
2. Full Name:	
Please state relationship to applicant:	
Contact details of parent/guardian at 2. above:	e: Phone:
	Email:
Please answer the following questions as t allocation of places in the event of oversub	he information offered may be used to determine the
1. Does the applicant have a brother currently	y enrolled in Mount Sion Primary School? Yes No
If <b>Yes,</b> please state name(s) and class(es):	
Brother's name:	Class:
Brother's name:	Class:

2. Is the applicant a son of a current member of staff of Mount Sion $$	Primary School? Yes No
If <b>Yes,</b> please state staff member's name:	
3. Does the applicant have a brother(s) who attended Mount Sion P  If <b>Yes,</b> please state brother's name:	
4. Is the applicant a son of a past pupil? Yes No If Yes, please state father's name:	Years of attendance:
In accordance with section 23(4) of the Education (Welfare) Act 20 (please insert child's name) I/Code of Behaviour of the school is acceptable to me/us and that I, ensure compliance with this code by By signing this application, I am also certifying that I am legally entithis school and that there is no legal impediment to me making this application.	we hereby confirm in writing that the /we will make all reasonable efforts to (Please insert child's name). itled to apply for a place for my child at
Signature of Parent(s)/Guardian(s):	
1 Date:	
2 Date:	
The following documentation must be provided and included w  Copy of Birth Certificate	vith this Application:
Copy of Baptismal Certificate (if applicable) Copy of Passport (if applicable)	
For office use only:  Date application received:  Application received by:  Documents provided: Birth Certificate Baptismal  Passport (where applicable)	Certificate (where applicable)
Decision: Place offered: Yes No Date  Place accepted: Yes No Date	