## **Mount Sion Primary School**

Barrack Street, Waterford City Roll No: 19947U

Phone: 051-377947 Email: office@mountsionprimaryschool.ie



### **APPLICATION FORM FOR ADMISSION TO MOUNT SION PRIMARY SCHOOL**

#### (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:		
Chil	d's Date of Birth:	_ Child's PPS No:		
Chil	d's Main Address (this address will be used for	r correspondence on application pro	ocess and <b>must be</b>	
curr	rent):			
Chil	d's Religion:			
<u>DE</u>	TAILS of PARENTS/GUARDIANS			
1.	Full Name:			
	Please state relationship to applicant:			

Contact details of parent/guardian at 1. above:

2.	Full Name:		
	Please state relationship to applicant:		
Conta	ct details of parent/guardian at 2. above:	Phone:	
		Email:	

Email:

Phone:

# Please answer the following questions as the information offered may be used to determine the allocation of places in the event of oversubscription:

1.	Does the applicant have a brother currently enrolled in Mount Sion If <b>Yes</b> , please state name(s) and class(es):	n Primary School?	Yes	No	
	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:
<ul> <li>3. Does the applicant have a brother(s) who attended Mount Sion Primary School? Yes No</li> <li>If Yes, please state brother's name: Years of attendance:</li> <li>Years of attendance:</li> </ul>
4. Is the applicant a son of a past pupil? Yes No
If <b>Yes</b> , please state father's name: Years of attendance:
In accordance with section 23(4) of the Education (Welfare) Act 2000, as parent/guardian of the applicant (please insert child's name) I/we hereby confirm in writing that the Code of Behaviour of the school is acceptable to me/us and that I/we will make all reasonable efforts to ensure compliance with this code by (Please insert child's name). By signing this application I am also certifying that I am legally entitled to apply for a place for my child at this school and that there is no legal impediment to me making this application.
Signature of Parent(s)/Guardian(s):
1 Date:
2 Date:
The following documentation must be provided and included with this Application:
Copy of Birth Certificate
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 Certificate (where applicable)
Passport (where applicable)
Decision:       Place offered:       Yes       No       Date: