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 must be	
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 Yes , 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 Yes, please state staff member's name:
 3. Does the applicant have a brother(s) who attended Mount Sion Primary School? Yes No If Yes, please state brother's name: Years of attendance: Years of attendance:
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 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: