

# Mount Sion Primary School

Barrack Street, Waterford City

Roll No: 19947U

Phone: 051-377947

Email: office@mountsionprimarieschool.ie



## APPLICATION FORM FOR ADMISSION TO MOUNT SION PRIMARY SCHOOL 2025/2026

**(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: \_\_\_\_\_

Child's Main Address (this address will be used for correspondence on application process and **must be current**): \_\_\_\_\_

Child's Religion: \_\_\_\_\_

### DETAILS of PARENTS/GUARDIANS

1. Full Name: \_\_\_\_\_

Please state relationship to applicant: \_\_\_\_\_

Contact details of parent/guardian at 1. above: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Please state relationship to applicant: \_\_\_\_\_

Contact details of parent/guardian at 2. above: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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 Primary School? Yes  No

If **Yes**, 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 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: \_\_\_\_\_

Place accepted: Yes  No  Date: \_\_\_\_\_