



**St. Mary's National School,**

**Bishop Street, Limerick**

**Phone:** 061-419264

**Email:** [info@stmarysns.com](mailto:info@stmarysns.com)

**ENROLMENT APPLICATION FORM 2024/2025**

Pupil's Name: \_\_\_\_\_ (in full, as on Birth Certificate)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

P.P.S. No. \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_

Address: (at which the applicant resides) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names of brothers/sisters in this school: \_\_\_\_\_

Parent(s) Guardian(s) Details:

Mother's Name: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Who to contact if child is ill in school: \_\_\_\_\_

Contact No.: \_\_\_\_\_

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

Name of Family Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Do you give permission to take the child straight to hospital in case of serious illness or accident? \_\_\_\_\_

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Does any legal order under family law exist that the school should know about?

Religion: \_\_\_\_\_ Has your child been Baptised? \_\_\_\_\_

Has your child received First Communion? \_\_\_\_\_

Preschool attended: \_\_\_\_\_ When? \_\_\_\_\_

Other schools attended: \_\_\_\_\_

Class: \_\_\_\_\_ (if transferring from another school)

Has your child ever had a psychological assessment? \_\_\_\_\_

Has your child ever received a speech and language report? \_\_\_\_\_

Does your child have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school? \_\_\_\_\_

Does your child have an allergic reaction to medication or food? \_\_\_\_\_

Any other information you would like the school to be aware of? \_\_\_\_\_

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I give permission for my child's details (Name, Address and Date of Birth) to be given to agencies such as HSE (School Nurse and Dentist). \_\_\_\_\_ (Signature)

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I declare the above information to be correct and understand that it will be treated as confidential.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.***

Principal's signature: \_\_\_\_\_

Date: \_\_\_\_\_