Office Only: Al	I Docs 🗍	Aladdin []	POD [Google Classroom	7



Scoil Mhuire Junior Blakestown, Mulhuddart, D15 F293. Telephone/Fax: (01) 8216916

Email: office@scoilmhuirejunior.com		Website: www.scoilmhuirejunior.ie	
Admissions Applic	2025-2026		
Which class is the application for:			
Early Start Junior Infants *must be at least 3yrs 2mo on 01/09/2025 *must be at least 4yrs on 01/09/2025	Cois Céim (ASD)	Another Mainstream Class	
Child Details:			
First Name:	Surname:		
Address:			
	Eircode:		
Gender: Male □ Female □ Date			
Nationality:	Religion:		
		hristian/Orthodox/Muslim/Protestant/Other/None etc,	
f the child has lived outside of Ireland, w	hat year did he/she arrive in	Ireland?	
_ist any siblings who are in or may have	attended the school:		
Parent/Guardian Contact Details:			
Mother's Name:	Father's Name	e.	
Mobile No.:	Mobile No.:		
Work No.:	Work No.:		
Email:	Email:		
Occupation:	Occupation:		
Alternative Address if applicable:		dress if applicable:	
Living with Spouse	_iving with Partner	Living Alone \square	

Emergency Contacts (not the parents/guardians list	ed above):		
	vame. 		
D.L.C. Line and C.	Relationship to child:		
Has your child been in previous education (creche/n	nontessori/primary)?	Yes	No 🗌
If 'Yes': School Name & Address:		Tel:	
MEDICAL INFORMATION: None / Details: If your child has a medical condition, please ask for our section.	school's Medical Infor r	mation Form to co	 mplete
****If your child has a report (Speech & Language/Ocattach to this application, or if awaiting an assessment of the second secon	ccupational Therapy/P ent, please mention be	sychology etc.) p	
PERMISSIONS	Yes		Ma
I consent to my child's details being shared with the Dep			No
I understand that I cannot drop-off/pick up on the school	grounds or		
park on Blakestown Drive behind the school			
I consent to my child leaving school with my class to go of	on trips/tours		
I allow child to go to church for school related occasions			
I agree that my child may be taken for small group			
or 1-to-1 teaching during their time in Scoil Mhuire Junior			
In the case of emergency, if immediate medical attention			
is needed, that designated staff may take my child to			_
A&E (parents/guardians would be contacted)			
I give permission for Scoil Mhuire Junior to release all	_		
records in relation to my child when transferring school			
I agree to a visit from the Home School Liaison teacher	П		П

	Office Only: All Docs Aladdin] POD [] Google Classroom [
Photographic/Video Permissions: On the school social media /websit For activities and displays within the For school calendars For printed photos which may be s Photos for external use -school pul (understanding permission sought	te www.scoilmhuirejunior.ie ne school cent home blicity at the time of the event	Yes No
Signature of Parent/Guardian	Date	
CODE OF CONDUCT DECLARATI I will ensure that my child will conform to S (which is available to read on our website: I will ensure that, if my child has long hair, I will ensure that, if my child has his/her ea STAY SAFE and RSE Programmes The Stay Safe and Relationship and Sex programmes are taught as part of the SPH in the RSE programme, they are asked to p teaching of these subjects.	scoil Mhuire Junior's Code of Behandwww.scoilmhuirejunior.com) it is worn tied up during school hours pierced, he/she will only wear statement of the school hours pierced. The school programmes are curriculum. If parents wish that	Yes No
Internet Access/Use As a parent/guardian of the above child, I upurposes. I also understand that the schoolsites, but every reasonable precaution will be	ol cannot be held responsible if yo	our child accesses unsuitable
Signature of Parent/Guardian	Date	
Signature of Parent/Guardian	Date	

	Office Only: All Docs Aladdin POD Google	Classroom [
ETHNIC/CULTURAL IN Please choose from the follo	ON	
White Irish Irish Traveller	Black/Black Irish - African Black/Black Irish - Any other Black background	
Any other white background Roma	Asian/Asian Irish - Chinese Asian/Asian Irish - Any other Asian background	
Other (Mixed Background)	No Consent	
Religion:	(Please specify: Catholic/Christian/Muslim/Ortho	odox/None etc.)

DOCUMENTS ALSO NEEDED TO COMPLETE THIS APPLICATION

Extra documents needed	Early Start	Junior Infants	ASD	Other Class	Enclosed
Copy of child's original birth certificate	V	Ø	Ø		
Child's PPSN (on official document)		\square	Ø	\square	
Parent/Guardian photo ID		Ø		Ø	
Proof of address (utility bill)		V	1	V	
Creche report if applicable		\square	V		
School report from previous school if applicable				Ø	
Any other relevant information (e.g. medical conditions).	Ø	Ø		Ø	
Medication Permission form if applicable		\square	V	\square	
Information/reports on any pending assessments/ diagnosis/ supports given					
Letter from NCSE confirming child's eligibility to apply for a place in ASD class					
A professional report detailing a diagnosis of a qualifying Autistic Spectrum Disorder (DSM V or ICD 10)					
A recommendation to attend an Autism Class attached to a mainstream school.			Ø		
Report from a Speech and Language Therapist where applicable.			☑		
Report from an Occupational Therapist where applicable.			Ø		
A report from a Psychologist on the student's cognitive ability/learning profile where applicable.			Ø		

NB - This application will not be considered complete without the above documentation, and any false/misleading information given will render the application invalid.

Please contact the school immediately if there are any changes to the information provided.

All information given in this application is treated as confidential.