



Admission Form 2026 / 2027

DATE ENROLLED	CLASS LEVEL	START DATE	REGISTERED NO.

CHILD'S PERSONAL DETAILS

Child's Surname:	Child's First Name:
Male / Female:	Date of Birth:
PPS No.:	Mothers Maiden Name:
Home Address: (please include Eircode)	
Nationality:	Country of Birth:
	Year of Arrival in Ireland:
Main Language Spoken at home:	Other languages spoken at home:
Child's understanding of English:	Needs Support <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/>
Names of Siblings in the School:	Names of Siblings who are past pupils:

ADDITIONAL INFORMATION FOR PRIMARY ONLINE DATABASE

(POD): *Categories are taken from the Census of Population*

To which ethnic or cultural background group does your child belong (please tick one)?	What is your child's religion?
White Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White Background <input type="checkbox"/> Black or Black Irish (African) <input type="checkbox"/> Black or Black Irish (Any other Black background) <input type="checkbox"/> Asian or Asian Irish (Chinese) <input type="checkbox"/> Asian or Asian Irish (Indian/Pakistani/Bangladeshi) <input type="checkbox"/> Asian or Asian Irish (Any other Asian background) <input type="checkbox"/> Other (inc. mixed background) - Arab <input type="checkbox"/> Other (inc. mixed background) – All Others <input type="checkbox"/> No consent <input type="checkbox"/>	Roman Catholic <input type="checkbox"/> No Consent <input type="checkbox"/> No Religion <input type="checkbox"/> Muslim(Islamic) <input type="checkbox"/> Church of Ireland (Anglican) <input type="checkbox"/> Orthodox (Greek/Coptic/Russian) <input type="checkbox"/> Christian (not further defined) <input type="checkbox"/> Apostolic or Pentecostal <input type="checkbox"/> Other Religions <input type="checkbox"/> Hindu <input type="checkbox"/> Presbyterian <input type="checkbox"/> Atheist <input type="checkbox"/> Baptist <input type="checkbox"/> Buddhist <input type="checkbox"/> Protestant <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Methodist / Wesleyan <input type="checkbox"/> Lutheran <input type="checkbox"/> Agnostic <input type="checkbox"/> Evangelical <input type="checkbox"/> Jewish <input type="checkbox"/>

I give consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____

Parent/Guardian.

Date: _____

PARENT/GUARDIAN INFORMATION

Name:		Name:		
Relationship to child:		Relationship to child:		
Address:		Address:		
Nationality:		Nationality:		
Occupation:		Occupation:		
Mobile Phone No.:		Mobile Phone No.:		
Work / Home Phone No.:		Work / Home Phone No.:		
E-mail Address:		E-mail Address:		
Child Resides With:	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>
If there are any orders or other arrangements in place governing access to, or custody of the child, please provide copy where applicable.				

OTHER INFORMATION

In the interest of the pastoral care of your child, it would be helpful for us to be informed regarding educational difficulties, health, bereavement, domestic circumstances etc. Please contact the principal or class teacher.

MEDICAL DETAILS

Doctor's Name:

Doctor's Phone No.:

Doctor's Address:

Please detail any problems your child may have in regard to health or additional needs e.g. sight, hearing, speech, toilet training, diabetes, epilepsy, physical, emotional or intellectual disability etc

Does your child have any allergies that the school needs to be made aware of? If yes, please give necessary details

Does your child have any behavioural difficulties? If yes, please give necessary details

If your child requires medication to be administered during the school day, permission must be sought from the BOM and an indemnity form signed. Staff must be trained in the administration of any medication.

Will you be submitting a request to the school to administer medication to your child?

Yes No

Please give details:

Children sometimes need to be taken home due to illness. Please provide a contact name of a relative, neighbour or friend in the event that we are unable to contact either parents:

Contact Person 1:	Home No.:
Relationship to child:	Mobile:

Contact Person 2:	Home No.:
Relationship to child:	Mobile:

EDUCATIONAL DETAILS

Name & Address of Pre-School Attended:

Previous School Attended:

Name:

Address:

Contact No:

Principal's Name:

Class Level completed to date:

Reason for leaving this school:

Has your child ever been referred for a Speech and Language Assessment?

Yes No

Has your child ever been referred for an Educational Psychological Assessment?

Yes No

Has your child ever been referred for an Occupational Therapist Assessment?

Yes No

Has your child ever been referred to Children and Adult Mental Health Service (CAMHS)?

Yes No

If yes to any of the above, please forward a copy of the relevant report to the school and alert the principal

In a previous school:

Was your child in receipt of Support from the Special Education Team?

Yes No

If yes, please describe the nature and frequency of the support:

Has your child been supported by a Special Needs Assistant (SNA) in Pre-school or a previous primary school?

Yes No

PARENTAL CONSENTS

1.	I give permission for my child to attend supervised school outings, sporting events, local walks, library visits and matches etc. during school hours <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I consent to my child's work/photograph/video clip being published in relation to school events in (a) school print productions (b) local/national press & (c) on the school website/Youtube Channel/ Instagram <i>(Please note: no child is ever identified by name on Social Media)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I consent to my child having a profile on Seesaw (Junior classes) and / or on Google Classroom (Senior classes). These online platforms are used throughout the school year & also if remote learning is required <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	I understand that from time to time, my child will visit the church for Sacramental preparation, attendance at services and preparation for church events and I consent to this <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", please contact school to discuss alternative arrangements)
5.	I agree to accept and abide by the Schools policies and procedures and in particular the Code of Behaviour, Attendance, Healthy Eating, Acceptable Internet & Technology Use and Bí Cineálta Anti-Bullying policies <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I understand that the school MUST report to Tusla if a child is absent from school for 20 days or more and that if a child is absent for a prolonged period without explanation and the parents / guardians cannot be contacted, the school will contact Tusla <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	I understand that the staff of the school are mandated persons and in the event of a disclosure being made either by or on behalf of my child, the school is legally obliged to make a referral to Tusla. <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	I consent that my child may receive any necessary medical care from a doctor, ambulance crew, hospital etc. in the event of an accident or illness occurring, where the school is unable to contact parents/guardians <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	I consent to my child attending a Special Education Teacher for educational screening and diagnostic tests <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	I consent to the school contacting my child's pre-school and / or any other pervious primary school for information in relation to my child and also request copies of school reports & student support files <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	I consent to my child's school report inclusive of attendance statistics, special educational needs (SEN), school SEN interventions (if any) and enrolment data being shared with other primary and secondary schools upon transfer <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	I commit to postpone the purchase of a smartphone for my child until they finish in primary school <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT CONTRACT

I have read and understood the above consents.

I wish to enrol my child in Athenry Primary School.

I undertake to see that my child will attend school punctually and regularly.

I understand that every child in Athenry Primary School will probably have to be placed in a combined class setting at least once in their primary school cycle. I also understand that at all levels where there is more than one class, the makeup of the class may or may not remain the same from year to year.

By signing below, I am giving explicit consent to Athenry Primary School to confirm and retain and use the information I have provided for the educational benefit of my child:

Yes No

Please ensure that you have read and completed all sections of the application form and attach a copy of your child's Birth Certificate, Baptismal Certificate and any other professional reports.

SIGNED: _____ DATE: _____
Parent/Guardian

SIGNED: _____ DATE: _____
Parent/Guardian

Documents Enclosed:

- Copy of Birth Certificate (*compulsory*)
- Copy of Baptismal Certificate (*if applicable*)
- Professional Reports (*if applicable*)
- Copy of Custody Agreement (*if applicable*)