



**Derryoobur National School  
Application for Admission**

**School Year Applying For:** \_\_\_\_\_

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**Child's Details**

1. **Full Name of Child:** \_\_\_\_\_
2. **Date of Birth:** \_\_\_\_\_
3. **PPS Number:** \_\_\_\_\_  
(The PPS number is required by the Department of Education for registration purposes.)
4. **Home Address:** \_\_\_\_\_
5. **Eircode:** \_\_\_\_\_
6. **Nationality:** \_\_\_\_\_
7. **Religion:** \_\_\_\_\_
8. **Is your child exempt from studying Irish?** (Yes/No) \_\_\_\_\_  
(If yes, please attach exemption certificate.)
9. **Previous School/Pre-School Attended:** \_\_\_\_\_
10. **Date on which the child left previous school:** \_\_\_\_\_
11. **Reason for Transfer (if applicable):** \_\_\_\_\_

**Parent/Guardian Details**

12. **Mother's Name:** \_\_\_\_\_
13. **Father's Name:** \_\_\_\_\_
14. **Mother's Full Maiden Name:** \_\_\_\_\_
15. **Phone Numbers:**
  - **Home:** \_\_\_\_\_
  - **Mobile (1):** \_\_\_\_\_
  - **Mobile (2):** \_\_\_\_\_
16. **Email Address:** \_\_\_\_\_
17. **Emergency Contacts (Other than Parents/Guardians):**
  - **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
  - **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
  - **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
18. **In the event of an emergency, do you give permission for the school to bring your child to the nearest doctor/hospital while continuing efforts to contact you?**  
(Yes/No) \_\_\_\_\_

## Medical and Educational Information

19. **Does your child have any health or developmental concerns the school should be aware of?** (e.g., asthma, epilepsy, speech impediment, allergies, hearing/sight difficulties, toilet training issues, etc.)

- **Details:** \_\_\_\_\_
- **Has your child received vaccinations as per the HSE schedule?** (Yes/No) \_\_\_\_\_

20. **Has your child ever undergone any of the following assessments?** (*Please tick and provide reports if applicable.*)

- Psychological Assessment
- Psychiatric Assessment
- Occupational Therapy
- Speech and Language Therapy
- Educational Assessment
- Other (Please specify): \_\_\_\_\_

21. **Does your child require additional educational supports?** (Yes/No) \_\_\_\_\_

- **If yes, please specify:** \_\_\_\_\_

## Parental Permissions and Agreements

22. **Do you grant permission for your child to leave the school grounds (accompanied by staff) for school activities (e.g., Church visits, field trips, swimming, school tours, sports events, etc.)?** (Yes/No) \_\_\_\_\_

23. **Is there any Court Order in place affecting the child's welfare?** (Yes/No) \_\_\_\_\_

- **If yes, please provide relevant documentation.**

24. **Photographic & Media Consent:** Do you consent to your child being photographed for school activities, publications, social media or website? (Yes/No) \_\_\_\_\_

25. **Permission for Educational Assessments:** Do you consent to your child undergoing school-based educational assessments? (Yes/No) \_\_\_\_\_

26. **Do you give permission for the school to share information with the previous school/pre-school regarding your child's progress?** (Yes/No) \_\_\_\_\_

## Agreement to School Ethos & Policies

27. **Having read the school's Mission Statement, do you consent to your child participating in Catholic religious instruction and sacramental preparation?** (Yes/No) \_\_\_\_\_

28. **We acknowledge that we have read and agree to abide by the school's Code of Behaviour and all related policies (available on request or the school website).**

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Checklist for Application Submission:**

- Copy of Birth Certificate
- PPS Number
- Any relevant reports (e.g., psychological, speech and language, occupational therapy)
- Proof of address (if required by school)

Please return the completed form to:

**Principal, Derryoover National School**

**Email:** derryoovernationalschool@yahoo.ie

**Phone:** 0860483344

If you wish to discuss any aspect of this application, please contact the school office to arrange an appointment.