STRAWBERRY HILL NATIONAL SCHOOL

Blarney Road, Cork City.T23 RW98 Roll# 20553G ☎ 021-4396632 office@strawberryhillns.ie

Application Form MAINSTREAM : 2027 2028

_____	_____	_____
Date of Receipt of Application	Date of Entry to the school	Registration No.

Child's First name: _____ **Child's Surname:** _____

Child's Date of Birth: _____ Child's PPSN No.: _____ Gender (M/F): __

Home Address: _____

Eircode : _____

Child's Nationality: _____ Language spoken at home : _____

Previous School (if any) _____

Text a parent number: _____ **Email Address:** _____

Mother's First Name: _____ Mother's Maiden Name: _____

Phone No.: _____ Email Address : _____

Father's Name: _____

Phone No.: _____ Email Address : _____

Country of Origin of Parents : _____

Names of Siblings already attending this school: _____

The school should be made aware of any family circumstances , including a court order , that may effect your child's welfare.

Does any legal order under family law exist that the school should be aware of? Yes ☐ No ☐

Religion : _____ Birth Cert Received : ☐ Baptismal Cert Received : ☐

Has your child ever had a psychological assessment ? Yes ☐ No ☐

Has your child ever received a Speech and Language Report ? Yes ☐ No ☐

Please name any outside agencies involved with your child e.g. HSE , Let's Grow Together …. _____

_____

_____

Application for Admission to :

Junior Infants ☐	Senior Infants ☐	First Class ☐	Second Class ☐
Third Class ☐	Fourth Class ☐	Fifth Class ☐	Sixth Class ☐

Previous Primary School / Pre School _____

Class attended in previous school : _____ Last date in previous school : _____

OPTIONAL Information : Department of Education Database

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories are taken from the Census Population)

White Irish ☐ **Irish Traveller** ☐ **Roma** ☐

Any other White Background ☐ **Black African** ☐ **Any other Black Background** ☐

Chinese ☐ **Any other Asian Background** ☐ **Other (inc. mixed background)** ☐ **No consent** ☐

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What is your child's religion?

Roman Catholic ☐ **Church of Ireland (incl. Protestant)** ☐ **Presbyterian** ☐

Methodist, Wesleyan ☐ **Jewish** ☐ **Muslim (Islamic)** ☐ **Hindu** ☐

Orthodox (Greek, Coptic, Russian) ☐ **Apostolic or Pentecostal** ☐ **Jehovah's Witness** ☐

Lutheran ☐ **Atheist** ☐ **Buddhist** ☐ **Baptist** ☐ **Agnostic** ☐

Other Religions ☐ **No Religion** ☐ **No Consent** ☐

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

Signed: _____ *Date:* _____

Parent/Guardian

Signed: _____ *Date:* _____

Parent/Guardian