Scoil an Spioraid Naoimh Senior Primary, Laytown, Co Meath, A92E273.
Principal: Bláithín Maguire **Acting Deputy Principal**: Ms Orla Garry
Telephone: 041-9828091
School Office Email: secretary@ssnlaytown.ie
School Roll No: 20017F

Pupil Registration No: _____ *(Office only)* ***Pupil Start Date:*** _____ *(Office only)*

Application Form for Admission 2027-2028

We are a senior primary school – from 3rd class onwards

COMPLETE ALL SECTIONS. Completed Applications and relevant attachments may be emailed to the school: secretary@ssnlaytown.ie before closing date – 22nd October 2026.

Pupil's First Name: _____**Pupil's Second Name**:_____

Date of Birth: (dd/mm/yyyy)_____ **Gender (Male/Female):** _____

PPS No: _____ **Nationality:** _____**Ethnicity:** _____

Home Address: _____

EIRCODE: _____ **Religion:** _____

Place of Baptism (If baptised): _____**Date of Baptism**: _____

Please enclose your child's **Birth/Adoption Certificate**. And enclose Baptismal Certificate if your child intends receiving the Sacrament of Confirmation in 6th class.

***Mother's Name:** _____ **Mobile:**: _____**Email:**_____-=_____

***Father's Name:** _____ **Mobile:**: _____**Email:** _____

Mobile – to be used for Databiz App: _____

Email address – to be used for Databiz App: _____

****Two names and contact details must be provided for every child – in case of Emergency.***

Who does the child reside with (please✓):

Both Parents at the above address - ☐; Mother☐; Father☐; Other: _____ ☐

If there any orders or other arrangements in place governing access to or custody of your child, please provide details: _____

How many siblings in the family:

Brothers: _____**Ages:** _____**Sisters:** _____ **Ages:** _____

Name of Family Doctor: _____ **Telephone No** _____

Medical Conditions (please specify): A Healthcare Plan must be completed and attached to this application if relevant. (Healthcare Plan is available to download on the school website).

_____

Previous School Name and Address:

_____

Telephone No: _____Teacher: _____ Class: _____

Consent for Transfer of Information

As Parents/Guardians of (child's name), _____I give permission to transfer all necessary and relevant information about my child to Scoil an Spioraid Naoimh, Bettystown, Co. Meath. It is school policy to pass on the above information to the Department of Education and Skills. The school may share personal pupil data with other organisations such as HSE, Tusla, An Garda Siochana, etc., where there is a legal basis for doing so under GDPR.

Signature of Parent/Guardian: _____ **Date**: _____

Educational Information:

Does your child have an exemption from Irish? (Please tick) Yes? ____No?_____
If Yes – Please attach supporting documents

School Support and Intervention (please tick as appropriate):
Does your child have a Support File (Continuum of Support File)? Yes/no? _____
If yes, please enclose a copy of the Support File with this Application Form.

Has your child received:	**1. Learning Support for Literacy**	☐
	2. Learning Support for Numeracy	☐
	3. Social/Emotional Support	☐
	4. Access to a Special Needs Assistant (SNA)	☐

Special Educational Needs:

1. Has your child been assessed by a N.E.P.S., H.S.E.? If yes, outline details below.

2. Has your child been assessed by and or/ received support from an Occupational Therapist, Speech and Language Therapist, Paediatrician (regarding development issues) Psychological services or other? If yes, outline details below.

3. Has your family accessed support services from agencies, such as: H.S.E., Enable Ireland, Rainbows, or Child Focus? If yes, outline details below.

PARENTAL CONSENT FORM	
Pupil's full name: _____	**Please initial**
School Policy I/We the Parents/Guardians of the above named pupil, have read the School Policy document, which includes Bí Cineálta Code of Behaviour in use in Scoil an Spioraid Naoimh. I/We agree to abide by this code and will work in co-operation with the staff to ensure that my/our child understands the Code and will abide by it.	
School Payments: I/We understand that there are costs in relation to my/our child's education in Scoil an Spioraid Naoimh. These costs relate to but are not limited to: PE Activities, Book rental fees, photocopying of classroom materials, provision of on-line resources, art supplies, educational and sports equipment, insurance, Databiz administration, etc. **This payment will be notified to you and is payable in full before the end of June 2027.** Additional activities, such as school trips, will incur additional fees, which will be advised at the time.	
Diagnostic Tests: During your child's time in Scoil an Spioraid Naoimh he/she will undergo various standardised tests administered by the teachers. He/she may also undergo various diagnostic tests if deemed necessary by the class teacher. Standardised tests are mandatory.	
Dept of Education and Skills: I give parental consent to share ethnic or cultural background and religion with the Department of Education and Skills.	
School Activities: Your consent to your child taking part in school activities is requested. All classes may undertake a variety of different activities outside the school premises – sporting, educational, physical activity on yard, school trips. Photographs are taken of some class and school events (excluding swimming) for display purposes, which may include on our school website and Instagram.	
Competitions: I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.	
RSE (Relationship and Sexuality Education): Your consent is sought for your child to participate in the RSE programme in the school, where age appropriate material is taught in an environment of Catholic morality and spirituality. Parents have the right to withdraw their child from RSE lessons, on the strict understanding that the parent(s) is (are) taking responsibility for this aspect of education. It is the responsibility of the parents to inform the school of such a decision.	
In case of emergency: As a staff we undertake certain duties such as applying plasters to wounds or applying ice-packs for minor first aid incidents, as required. If your child has a medical emergency, you give permission for us to contact emergency services immediately and notify you of the situation as soon as possible.	
Exceptions: If you wish to have your child excluded from any specific activity, or refuse consent for photographs, please send a letter into the school along with this consent form stating same.	
Renewal of Consent: A consent form will be issued annually.	
Please sign below: By signing this form your consent is taken as given for school activities as detailed above. Any exceptions but be notified in writing and must accompany this form. The list above is non-exhaustive.	
Parent/Guardian Signature 1: _____ Date: _____ **Parent/Guardian Signature 2: _____ Date: _____**	

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Have you enclosed all of the following documents with your application?

Document type	Tick as appropriate
A current bill-head in your name as proof of address (within the past 6 months)	
Birth Certificate	
Baptismal Certificate (if your child intends making Confirmation)	
A completed Healthcare Plan (template available on school website) if your child has medical conditions of which the school needs to be made aware.	
Please note – PPS Number, Birth Certificate and Proof of Address are mandatory with all applications.	

COMPLETED Application for Admission Form and all necessary documentation MUST be received by the School Office prior to the application deadline date of 22nd October 2026.

Only FULLY COMPLETED Application Forms, with the necessary documentation, will be considered.

Applications received after the application deadline will be placed on a waiting list.