



Maynooth Educate Together National School
Railpark, Celbridge Road,
Maynooth, Co. Kildare
W23 P466

Roll Number: 20292E
Ph: 01-5054250
secretary@maynoothet.ie
www.maynoothet.ie

Application Form for Senior Infants to Sixth Class Enrolment

Child's name:		Pre-enrolment number:	
Address:			
Date of birth:		PPS number:	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Religion (optional):	
Number of children in family:		Position in family:	
Names of any siblings in school:			
Nationality:			
Landline number:		Mobile number for texting parents:	
Language(s) spoken at home:			

Parent name:		Parent name:	
Address (if different):		Address (if different):	
Phone numbers	Mobile:	Phone numbers	Mobile:
	Home:		Home:
Email address:		Email address:	
Occupation:		Occupation:	
Nationality:		Nationality:	

Note: All parents automatically become members of MENTS parents association. Whenever possible, correspondence from the school and parents' association will be sent by email to save trees and money. If you do **NOT** wish to receive correspondence by email, please tick:

Mother: ☐

Father: ☐

What class are you applying for? (please circle)								
Mainstream	Junior Infants	Senior Infants	1 st Class	2 nd Class	3 rd Class	4 th Class	5 th Class	6 th Class
ASD Classes	Junior				Senior			

Emergency Contact (if parent/guardian not available)	
Name:	
Contact Number:	
Mobile:	
Relation to Child:	
Doctor:	Phone number:

Health Information		
Does your child have any medical conditions/allergies, etc. that we should know about? (e.g. asthma, epilepsy, diabetes, or prone to anaphylactic attacks)	Yes	No
If yes, please give details:		
In the event of an emergency, can we contact the emergency services prior to contacting you or with the emergency numbers provided?	Yes	No

Junior Infant Enrolment		
Did your child attend pre-school?	Yes	No
Name and address of pre-school:		

Special Educational Needs		
Does your child require any special assistance to attend school?	Yes	No
If yes, please specify:		
Does your child have any special educational needs or attended learning support?	Yes	No
If yes, please specify:		

Do you have any concerns about your child's developmental progress to date?	Yes	No
If yes, please specify:		
Has your child had speech and language difficulties, emotional problems, developmental problems, etc. or an exemption from Irish.	Yes	No
If yes, please specify:		
Has your child ever had an educational/psychological assessment carried out?	Yes	No
If yes, please give the date of this report: _____ (enclose copy of report with this application)		

Senior Infants to Sixth Class Enrolment
Previous school's name:
Address:
Phone number:
Enrolment date in previous school:
Leaving date in previous school:
Current class:
What is the reason for transferring your child?

Note: Where a parent/guardian wishes to transfer their child from another Primary school, the principal or teacher will contact this school prior to the child being enrolled in Maynooth Educate Together National School.

Important: It is the parents'/guardians' responsibility to inform the school of any changes to the above information.

Date:	
Parent/Guardian Signature:	
Parent/Guardian Signature:	

For Maynooth Educate Together use only

Date of receipt:	Signature:
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Place offered:		Date offered:		Signature:	
Jr Infants	Sr Infants	1st	2nd	3 rd	
4th	5th	6th	Jr ASD	Sr ASD	