# Application for Admission to

## St Oliver Plunkett N.S

## School Year 2026 – 2027

*Please note that this form is for application purposes only. The information provided will be used to allocate available places in accordance with the School's Admission Policy/Annual Admission Notice*
*http://stoliverplunkett.ie/*

***Please complete all sections of the form and enclose a copy of applicant's Birth Certificate***

## General Information on Child

| Forename(s) [as on Birth Cert]: | Surname [as on Birth Cert]: | |
|---|---|---|
| PPS Number: | DOB: | Gender: |
| Nationality: | Religion: | Languages Spoken: |

Home Address:

Eircode:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | / | | | | |

Siblings: Yes ☐ No ☐ (Please tick)
Name(s) and age of sibling(s):

| Have you also applied to St Rose's and/or Catherine McAulay NS? | If Yes, please state which other Reading School(s) you applied to: | |
|---|---|---|
| Child's Current School | | |
| Current Mainstream Class | School Year Application | Class Level on Sept. 1st, 2026 |
| | 2026 - 2027 | |

## General Information on Parent(s)/Guardian(s)

| Parent/Guardian | Parent/Guardian |
|---|---|
| Name: | Name: |
| Address (if different from child's): | Address (if different from child's): |
| Mobile No: | Mobile No: |

| Parent/Guardian Email: | Parent/Guardian Email: |
|---|---|

## Medical Information

1. Does your child suffer from any medical conditions or allergies? YES ☐ NO ☐ Please provide details below.

_____

2. Is your child taking medication at present? YES ☐ NO ☐ Please provide details below.

_____

3. Have you any other medical concerns? Please provide details below.

_____

4. Do you give permission for your child to be treated for minor accidents (e.g. cuts, grazes)? YES ☐ NO ☐

| GP Details | Emergency Contact Person |
|---|---|
| Name: | Name: |
| Address:<br><br>Eircode: | Address:<br><br>Eircode: |
| Contact No: | Contact No: |
| Email: | Email: |

## Educational & Clinical Information

| Were These Supports Recommended? | If So, Can You Provide These Reports? |
|---|---|
| Speech & Language Therapist (SLT): YES ☐ NO ☐ | Speech & Language Therapist (SLT): YES ☐ NO ☐ |
| Occupational Therapist: YES ☐ NO ☐ | Occupational Therapist (OT): YES ☐ NO ☐ |
| Assistive Technology: YES ☐ NO ☐ | Psychiatrist: YES ☐ NO ☐ |
| SNA: YES ☐ NO ☐ | Other: YES ☐ NO ☐ |
| Child and Adolescent Mental Health Services (CAHMS) ADD/ADHD/Low Moods/Anxiety YES ☐ NO ☐ | Permission to contact school for reports/plans YES ☐NO☐<br><br>Consent for school SLT to carry out assessment if necessary YES ☐ NO ☐ |

**Declaration:**

I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use as described.

| Parent/Guardian's Signature: | Parent/Guardian's Signature: |
|---|---|
| Date: | Date: |

This information will be entered in the School Administration System [Aladdin] and will be uploaded to the Primary Online Database (POD), a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

***Office Use only:***