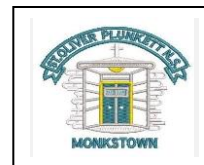


Application for Admission to St Oliver Plunkett N S School Year 2027 – 2028



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:	Ethnicity:								
Home Address:											
Eircode:											
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			/								
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 2026-2027	School Year Application	Class Level on Sept. 1 st , 2027									
•	2027 - 2028	•									

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

Parent 1 ☐ or Guardian 1 ☐		Parent 2 ☐ or Guardian 2 ☐	
Name:		Name:	
Address (if different from child's):		Address (if different from child's):	
Mobile No:		Mobile No:	
Email:		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:	Address:
Eircode:	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 ☐
Psychiatrist or Child and Adolescent Mental Health Services (CAHMS) ADD/ADHD/Low Moods/Anxiety etc YES ☐ NO ☐	Permission to contact school for reports/support plans 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:

*Date Application Received	D	D	M	M	Y	Y
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