

Presentation Primary School
Warrenmount
Blackpitts
Dublin D08XR62.



Phone: 01 4539547

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Email: office@warrenmountprimary.com

Visit: www.warrenmountprimary.com

Application for Year/Class: _____

Date of Application: _____



Please Note: Children must
3 years and 6 months old on
or before the **1st of**
September of the year they
enrol.

Personal Details - Child

First Name: _____ Surname: _____

Address: _____

Date of Birth: _____ P.P.S.N: _____ Male ☐ Female ☐

Child's first language: _____ Child's Nationality: _____

Has child attended a preschool/ creche?

Preschool: _____



Family Details

Guardian 1

First Name: _____

Surname: _____

Occupation: _____

Phone Number: _____

Mobile Number for texts: _____ Parent Email Address: _____

Number of children in family: _____

Have you other children in the school? Yes ☐ No ☐

Children's names: _____

Are you a past pupil? Yes ☐ No ☐

Religion: _____ Parent's Nationality: _____ Language: _____

Guardian2

First Name: _____

Surname: _____

Occupation: _____

Phone Number: _____

Place in Family: _____

Extra Contact - if parents not available

Name: _____ Address: _____

Mobile: _____ Phone: _____

Relationship to child: _____

Admin Only

Family in school: _____

Birth Cert: _____

Health Alert: _____

Medical/Educational Details:

Doctor's Name: _____ Telephone no _____

Medical conditions we should know about: Please tick.

Medical Conditions or illnesses – Asthma [] Epilepsy [] Heart Conditions [] Diabetes [] Other []

If yes, please give details

Allergies – Wasp Stings [] Food [] Other []

If yes, please give details

Epipen x2 [] Antihistamine [] supplied where needed.

Parent/Guardian Information & Permission

Your child is required to wear the school uniform.

The Department of Ed. & Skills approved S.P.H.E. (Social, Personal & Health Education Programme are taught in this school. (These include the “Stay Safe”, “Walk Tall” & “RSE” programmes.)

Do you give permission for your child to be photographed during school activities:

Yes ☐ No ☐

Do you give permission for your child to be included on the school website/social media in accordance with the Dept. of Ed. “Child Protection Guidelines”: Yes ☐ No ☐

Parental/Guardian Agreement

We/I have read on the web site or received copies of the School Information Booklet and the Code of Behaviour Booklet. We/I understand that our/my child must abide by the guidelines in these booklets to support the rules and ethos of this school.

Completion of the application form does not automatically entitle a child to a place in the school. The school's enrolment policy will be followed when allocating places to pupils.

Signed: _____ Date: _____

School Transfer

Previous School:

Name: _____

Address: _____

Class: _____