

Scoil Mhuire na nGrást,
Béal Guala,
Co. Chorcaí.



Principal: Diarmuid Hennessy
Deputy Principal: Catherine Murphy

Belgooly Central School,
Belgooly, Co. Cork.
Roll No:19672H
Reg. Charity No. 20114312

Telephone: 021 4770712

Email: belgoolyns@gmail.com
Website: www.belgoolyns.ie

01/10/2024

RE: Application Form for Admission 2025/2026

Welcome to Scoil Mhuire na nGrást,

Having read the school's 'General Admission Information', 'Annual Admission Notice', 'Admission Policy', 'Code of Behaviour' and, where applicable, 'Supplementary Information for Admissions to Special Class for pupils with Autism' (please see www.belgoolyns.ie 'Admissions' tab), should you wish to proceed with making an application for admission in respect of 2025/2026, please enter your child's details in this form and return it to the school office, in line with the requirements as outlined in the school's 'Annual Admission Notice' and 'Admission Policy'.

Please read the following terms and conditions before filling out the form. If you have any questions, please contact the school at 021 4770712.

1. I understand that the receipt of a fully completed application form for admission does not guarantee that the child will be offered a place in the school.
2. Where a Special Class application for admission is being made, I confirm that this application satisfies the related requirements, as outlined in the above-mentioned 'Supplementary Information for Admissions to Special Class for pupils with Autism'
3. I understand that it is my responsibility to inform the school, in good time, of any change of address, telephone number or other relevant circumstance.
4. All children must be 4 years of age before starting school.
5. I am a parent or legal guardian of the child named in this form.

Thank you

Application Form for Admission 2025/2026

***Required Fields**

Child

*First Name: _____

*Last Name: _____

*Gender: _____

*PPS Number: _____

*Date of Birth: _____

*Previous School: _____

Note: _____

Junior Infant Class 2025/2026 Application: _____

Other Class Application (i.e. Senior Infants, First to Sixth Class - please specify): _____

Special Class for pupils with Autism Application 2025/2026: _____

Parish of Baptism, if applicable: _____

*Resident of Clontead Parish (Yes/No): _____

*Has a sibling already in the school (Yes/No): _____

Family

*Home phone number: _____

Alternate home phone number: _____

*Address (with Eircode): _____

Alternate address: _____

Alternate address description: _____

Guardian 1 / Mother

*First name: _____
*Last name: _____
*Email: _____
*Mobile number: _____
Work number: _____

Guardian 2 / Father

*First name: _____
*Last name: _____
*Email: _____
*Mobile number: _____
Work number: _____

Emergency Contacts

1

Name: _____
Description: _____
Mobile number: _____
Home number: _____
Work number: _____

2

Name: _____
Description: _____
Mobile number: _____
Home number: _____
Work number: _____

I have read and agree to the school's Admission Policy.