



# APPLICATION TO ENROL IN MARIST COLLEGE 2024/2025

(PLEASE USE BLOCK LETTERS)  
All sections must be completed

## Section A

1. Surname: \_\_\_\_\_
2. First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
(as on Birth Certificate) (by which you are known, if different)
3. Home Address: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(must be completed)
5. P.P.S.N. (Personal Public Service Number): \_\_\_\_\_  
(available from Social Welfare Office)
6. Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_
7. Religion: \_\_\_\_\_
8. Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_
9. Father's Contact No.: \_\_\_\_\_ Mother's Contact No.: \_\_\_\_\_
10. Mobile No. for school webtext: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_
11. Position of Applicant in Family: \_\_\_\_\_ Number of Children in Family: \_\_\_\_\_
12. Doctor's Name: \_\_\_\_\_
13. Medical Insurance Cover: \_\_\_\_\_ Doctor's Ph. No.: \_\_\_\_\_  
or (Company Name)  
Medical Card Holder: \_\_\_\_\_  
(Issuing Authority)

## Section B

14. Primary School Attended/Last school: \_\_\_\_\_
15. Has your son ever attended learning support at any stage during his primary years? \_\_\_\_\_
16. Has your son ever been assessed by the National Education Psychological Service for learning behavioural or emotional difficulties? Yes ☐ No ☐
17. If the answer is "Yes" to Q16 please confirm the following information:
- Date of Assessment: \_\_\_\_\_ Type of Assessment: \_\_\_\_\_
- Class in Primary School when assessment was undertaken: \_\_\_\_\_
- Findings and conclusions made following assessment (please enclose copy of report with Application Form):  
\_\_\_\_\_

18. Does your son study Irish? Yes ☐ No ☐

19. If the answer to Q18 is "No", has he been granted an exemption from Irish by the Department of Education & Science? Yes ☐ No ☐

20. If the answer to Q19 is "Yes", please give details of: Date granted: \_\_\_\_\_

Reason for exemption: \_\_\_\_\_

21. Has your son attended school on a regular basis in Primary School? Yes ☐ No ☐

### Section C

22. Any health issue which the school should be aware of:

---

---

23. Members of immediate family who are currently attending Marist College (i.e. brother(s) – state name and class):

---

24. Members of immediate family who have previously attended Marist College (father + brothers):

---

25. Why do you wish to enrol your son in Marist College?

26. Any other relevant information that the school authorities in Marist College Athlone should be made aware of (e.g. family circumstances, illness, etc.) **All information furnished will be treated in the strictest confidence.**

### Section D

We/I give our/my consent to teachers from Marist College, Athlone to collect information, both written and verbal from my child's primary school.

We/I give our/my consent to teachers from Marist College, Athlone to receive copies of any professional reports concerning my child's education and development, provided by the primary school.

Signature of Father / Guardian: \_\_\_\_\_

Signature of Mother / Guardian: \_\_\_\_\_

Parents in completing their application to the school duly recognise and commit themselves accordingly on their own part (and on behalf of their son) to the School Ethos, Mission and Code of Behaviour in the event that their son is admitted as a pupil of the school.

**Completed Application Form and copy of Birth Certificate, should be returned to:**

**The Principal, Marist College, Retreat Road, Athlone, Co. Westmeath.  
By 5pm Friday 10th November 2023**