



**Wicklow Montessori Primary School
Ballyguile, Wicklow
Co. Wicklow, Ireland**

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APPLICATION FORM

Thank you for your interest in Wicklow Montessori Primary School.

This form MUST BE ACCOMPANIED BY:

1. A copy of the applicant's birth certificate
2. An application fee of €65 (non-refundable)
3. The applicant's PPS number

APPLICATIONS CANNOT BE ACCEPTED WITHOUT RECEIPT OF ALL THE ABOVE ITEMS.

Receipt of this application does not guarantee a place being offered. If a place is offered, a deposit of €500 is required to hold that place. The deposit is non-refundable but will be credited in full towards the first term's fees. Please note that the offer is dependent on full and accurate information being supplied on this form.

Name of Child (in full): _____ Gender _____

Preferred Entry Date: _____ Date of Birth: _____

Child's Address: _____ PPS number _____

Parent/Guardian Name: _____

Email: _____

Tel No: (M): _____ (W): _____

Parent/Guardian Name: _____

Email: _____

Tel No: (M): _____ (W): _____

Names of Siblings: _____ Age _____

_____ Age _____

_____ Age _____

Any educational concerns, or formal assessments, relevant to your child: Yes / No

If yes, please give details below and also enclose any relevant documentation that may assist us.

Has your child received AIM support?

Yes ____

No ____

It is important to disclose full information including any developmental reports for your child. Failure to disclose this may result in our school not being in a position to meet the needs of your child.

Where did you hear about Wicklow Montessori Primary School? E.g. recommendation, Facebook, website, etc.?

For children who have previously attended school:

Where previously educated: _____

What class completed: _____

Please enclose a copy of a recent school report. To best aid your child with their transition to our school we may contact their previous school to gather information.

My signature below consents to enquiries being made from previous schools' principals, if necessary, for the purpose of this application.

Signature of Parent or Guardian: 1.) _____

2.) _____

Date of Application: _____

Both Parents/Guardians must sign this form in order for it to be considered

Please complete and return this form to Dara Mulhall, Principal, at the above address.

For Office Use:

Date Received: _____

Acknowledged: _____

Accepted: _____