

St. Mary's Parish Primary School

Bryanstown, Drogheda, Co. Louth, A92 DP86.

Telephone: 041-9845374 • Email: office@smpps.ie • Web: www.smpps.ie



JUNIOR INFANT APPLICATION FORM FOR SEPTEMBER 2018

Please note the processing of applications will begin at 12 noon Friday 19th January 2018

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANTS

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

CHILD'S NAME (AS ON BIRTH CERT)

MALE: FEMALE: DATE OF BIRTH:

HOME ADDRESS:

PPSN No.: NAME OF FAMILY DOCTOR:

NATIONALITY: RELIGION:

LANGUAGES SPOKEN AT HOME:

PREVIOUS MONTESSORI/PLAYGROUP:

MOTHER'S NAME: OCCUPATION:

MOTHER'S MOBILE: EMAIL ADDRESS:

FATHER'S NAME : OCCUPATION:

FATHER'S MOBILE: EMAIL ADDRESS:

HAVE YOU OTHER SONS OR DAUGHTERS IN THE SCHOOL: YES NO

NAME & CLASS OF BROTHER OR SISTER IN SCHOOL:

EMERGENCY NAME & CONTACT: (1) (Not parents).....
[RELATIONSHIP TO CHILD, E.G. MINDER]

EMERGENCY NAME & CONTACT: (2) (Not parents).....
[RELATIONSHIP TO CHILD, E.G. MINDER]

PLEASE NOTE YOU MUST ATTACH THE FOLLOWING:-

BIRTH CERTIFICATE **UTILITY BILL - any 2 of the following** [e.g. Gas, Electricity, Telephone, Car or
Home Insurance Policy, Official Government Documents, Social Insurance Document, etc.]

SCHOOL ENROLMENT POLICY AVAILABLE ON THE SCHOOL WEBSITE: WWW.SMPPS.IE

MEDICAL CONDITIONS:-

Has your child any medical conditions/allergies that we should be aware of?

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IMPORTANT:

Has your child ever been referred to the HSE? Yes No

If yes: Louth Meath Other [please tick ✓]

For: Speech & Language Physiotherapy

Occupational Therapy

Other [please specify].....

Reports Attached: Yes No

Signature: _____ Signature: _____ Date: _____
[Parent/Guardian] [Parent/Guardian]