

# St. Mary's Parish Primary School

Bryanstown, Drogheda, Co. Louth, A92 XD80.

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



## JUNIOR INFANT APPLICATION FORM FOR SEPTEMBER 2019

**Please note the processing of applications will begin at 12 noon Friday 18<sup>th</sup> January 2019**

**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.: ..... NATIONALITY: .....

LANGUAGES SPOKEN AT HOME: .....

PREVIOUS MONTESSORI/PLAYGROUP: .....

MOTHER'S NAME: ..... MOTHER'S MOBILE: .....

EMAIL ADDRESS: [PLEASE PRINT]: .....

FATHER'S NAME : ..... FATHER'S MOBILE: .....

EMAIL ADDRESS: [PLEASE PRINT]: .....

**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**  **RECENT UTILITY BILLS** any **2** of the following [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](http://WWW.SMPPS.IE)**

#### MEDICAL CONDITIONS:-

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

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.....  
.....  
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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

Awaiting Reports: Yes  No

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Parent/Guardian] [Parent/Guardian]