

# 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 2020

**Please note the processing of all applications received will begin at 12 noon Friday 17<sup>th</sup> January 2020**

[Application forms for September 2020 will be available from the school office & school website from September 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: ..... PPSN No.: .....

HOME ADDRESS: ..... EIRCODE: .....

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**  **2 RECENT UTILITY BILLS** any 2 of the following [Gas, Electricity, Telephone, Car or Home Insurance Policy, Official Government Documents, Social Insurance Document etc.

**PLEASE READ 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:  If yes, please give details: .....  
.....  
.....  
REPORTS ATTACHED: Yes  No  AWAITING REPORTS: Yes  No

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