

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 2024

PLEASE READ SCHOOL ADMISSIONS POLICY/ADMISSIONS STATEMENT AVAILABLE ON SCHOOL WEBSITE WWW.SMPPS.IE OR FROM SCHOOL OFFICE

Closing date for applications will be 12 noon Friday 12th January 2024

PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANTS

PLEASE FILL OUT DETAILS IN BLOCK CAPITALS

CHILD'S FIRST NAME CHILD'S SURNAME:.....

PPSN No: MALE: FEMALE: DATE OF BIRTH:

HOME ADDRESS:

EIRCODE:..... NATIONALITY:

LANGUAGES SPOKEN AT HOME:

PREVIOUS MONTESSORI/PLAYSCHOOL:

MOTHER'S NAME: MOTHER'S MAIDEN NAME:

MOTHER'S MOBILE..... MOTHER'S EMAIL ADDRESS:-

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

FATHER'S EMAIL ADDRESS:.....

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

NAME & CLASS OF BROTHER OR SISTER IN SCHOOL:

EMERGENCY NAME & PHONE NO.: (1) (NOT PARENTS).....
[RELATIONSHIP TO CHILD, E.G. MINDER]

EMERGENCY NAME & PHONE NO.: (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.

Signature: _____ Signature: _____ Date: _____
[Mother's Signature] [Father's Signature]

FOR OFFICE USE ONLY:

Date Received _____ Additional Documentation Received