

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 2025

**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 10th January 2025

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 UTILITY BILLS [dated within 3 months of application] **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