

# St. Mary's Parish Primary School

Bryanstown, Drogheda, Co. Louth, A92 XD80.

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



## APPLICATION FORM [SENIOR INFANTS-6<sup>TH</sup> CLASS] 2023/2024

**PLEASE NOTE: FALSE INFORMATION WILL AUTOMATICALLY DISQUALIFY APPLICANTS**

CLASS Requested: .....

Term: .....

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

**PLEASE FILL OUT DETAILS IN BLOCK CAPITALS**

CHILD'S NAME (AS ON BIRTH CERT).....

MALE:  FEMALE:  DATE OF BIRTH: .....

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

PPSN No: ..... NATIONALITY: .....

LANGUAGES SPOKEN AT HOME: .....

PREVIOUS SCHOOL: .....

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 & CONTACT NO.: (1) (Not parents) .....

[RELATIONSHIP TO CHILD, E.G. MINDER]

EMERGENCY NAME & CONTACT NO.: (2) (Not parents) .....

[RELATIONSHIP TO CHILD, E.G. MINDER]

**PLEASE NOTE YOU MUST ATTACH THE FOLLOWING:- REPORT CARD  BIRTH CERTIFICATE**

**RECENT UTILITY BILLS (2)** [e.g. Gas, Electricity, Telephone, Car/Home Insurance Policy, Official Government Documents, Social Insurance Document, etc.]

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