

# 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]

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

CLASS Requested: .....

Term: .....

### 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 SCHOOL: .....

MOTHER'S 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.]

### 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]