

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-6TH CLASS] 2018/2019

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 [please specify].....

Reports Attached: Yes No

Awaiting Reports: Yes No

Signature: _____ Signature: _____ Date: _____
[Parent/Guardian] [Parent/Guardian]