

ST. LOUIS COMMUNITY SCHOOL KILTIMAGH



1ST YEAR APPLICATION FORM 2022/2023

Date of Enrolment in this school: _____

Surname: _____ First Name(s): _____

As on BIRTH CERT – (underline USUAL First Name) Copy of Birth Cert Preferable

Student's PPS Number: _____ (application form will not be processed without this number)

Nationality: _____ Gender: Female Male (Please tick)

Date of Birth: ____/____/____ (DD/MM/YYYY)

Full Address: _____

Parents/Guardian Details:

Home Tel. Number: _____ Contact Name: _____

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Father/Guardian's Occupation: _____ Mother/Guardian's Occupation: _____

Father/Guardian's Mobile: _____ Mother/Guardian's Mobile: _____

Father/Guardian's email: _____ Mother/Guardian's email: _____

Mother's Maiden Name: _____

Do you have a Brother/Sister in St. Louis Community School? If so, please give details:

Names: _____

Full Name and Address of Primary School Attended: _____

Medical Conditions:

If your child has any special needs please indicate below:

Acute Short Sightedness: Hearing Difficulty: Asthma: Diabetes:

Other issues (Please Specify): _____

Are you a Medical Card Holder: YES: NO:

Code of Conduct:

I/We, the Parent(s)/Guardian(s) of _____ have read the Code of Conduct and agree to uphold it in every detail. I/We have fully disclosed all relevant information to St. Louis Community School so that the school can determine if it can cater for the needs of our son/daughter.

Signatures: Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____