

ST. LOUIS COMMUNITY SCHOOL

Chapel Street, Kiltimagh, Co. Mayo

APPLICATION FORM FOR ADMISSION 2023/2024



Student Details:

Surname: _____ First Name(s): _____
Full Address: _____ Date of Birth: ____/____/____ (DD/MM/YYYY)

Gender: Female Male (Please tick)
Nationality: _____ PPS Number: _____
Year Group: _____ Date of Enrolment in this school: _____
(1st Year, 2nd Year etc.)

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:

School Policies/Code of Behaviour:

I, (insert student's name) _____ have read the school policies on the school website (www.stlouiscs.com) including the Code of Behaviour and I agree to uphold them in every detail.

Signed by student: _____ Date: _____

I/We, the Parent(s)/Guardian(s) of _____ have read the school policies on the school website (www.stlouiscs.com) including the Code of Behaviour and we agree to uphold them 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.

Signed by parents: Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____