**ST. LOUIS COMMUNITY SCHOOL**

**Chapel Street, Kiltimagh, Co. Mayo**

**APPLICATION FORM FOR ADMISSION 2024/2025**

**Student Details:**

|  |  |
| --- | --- |
| **Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** (DD/MM/YYY) |
|   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **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)](http://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)](http://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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This Application Form forms part of the school’s Admission Policy which is available on our website* [*www.stlouiscs.com*](http://www.stlouiscs.com/)