ST. LOUIS COMMUNITY SCHOOL

Chapel Street, Kiltimagh, Co. Mayo

1st Year APPLICATION FORM FOR ADMISSION 2027/2028

Student Details

First Name: _____

Surname: _____

Date of Birth: _____ **Gender:** Female ☐ Male ☐

Full Address: _____

_____

_____ **Eircode:** _____

PPS Number: _____ **Nationality:** _____

Ethnicity & Cultural Background: _____

Primary Language Spoken: _____

Full Name and Address of Primary School Attended: _____

_____

Details of any siblings in St Louis currently:

Full Name: _____

Full Name: _____

Full Name: _____

This application forms part of the school's Admission Policy which is available on our website www.stlouiscs.com

Parent/Guardian Details

Parent / Guardian 1.

Full Name: _____

Address: _____

_____ Eircode: _____

Mobile No: _____ Occupation: _____

Email Address: _____

Relationship to Student: _____

Parent / Guardian 2.

Full Name: _____

Address: _____

_____ Eircode: _____

Mobile No: _____ Occupation: _____

Email Address: _____

Relationship to Student: _____

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: _____

Additional Needs

If your child has any additional needs, please give a brief outline below and provide the listed documents (where relevant). These documents are essential in order to allow us to prepare for your child's smooth transition to St. Louis Community School.

Name of child: _____

Additional Needs:

_____

_____

_____

_____

_____

_____

_____

_____

Checklist

- ☐ Student Support File from primary school
- ☐ Psychological Report
- ☐ Certificate of Irish exemption
- ☐ Occupational Therapy report
- ☐ Speech and Language Report
- ☐ Relevant medical letters
- ☐ Any other relevant documents

Medical Conditions:

If your child has any medical conditions that we need to be informed about please indicate below:

Acute Short Sightedness: ☐ **Hearing Difficulty:** ☐ **Asthma:** ☐ **Diabetes:** ☐
Other issues (Please Specify): _____