

**St. Louis Senior Primary School, William’s Park, Rathmines, Dublin 6 Telephone 01 4976098**

**Any information you give on this form will be treated with the strictest confidence and only be used for the benefit of your child. Filling in this form does not guarantee your child a place in our school.**

**PLEASE USE BLOCK CAPITALS**

**1. Proposed year of entry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Child’s name as on Birth Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_**

**3. P.P.S Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. Mother’s maiden name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Name and class of siblings already in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. (a) Number of children in the family\_\_\_\_\_\_\_\_ 6. (b) Placing of child (1st, 2nd) \_\_\_\_\_\_\_\_\_**

**7. PARENTS: The following information on both parents is needed for registration purposes:**

**Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Language/s spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. CHILD’S RESIDENTIAL (HOME) ADDRESS**

**With whom does the child normally reside\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Home Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Mobile No: for “text a parent”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. 1st contact Person if Parent is not available:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relation to the child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd contact Person if Parent is not available:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relation to the child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. Name of Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. If applying to transfer from another school to St. Louis Senior Primary School please give your reason for doing so:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**14. Telephone no of Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give my permission to the Principal of St. Louis Senior Primary School to discuss the needs**

**of my son/daughter, with the Principal of the school listed above. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

**15. MEDICAL INFORMATION/USED ONLY FOR HEALTH & SAFETY REASONS**

**Has your child any medical condition? Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_**

**Name of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child ever been referred to a specialist Yes\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_**

**If ‘Yes’ to either of these questions, please give details:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Is your child on medication? Yes: \_\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_\_\_**

**MEDICATION: Please specify if medication needs to be taken during the school day**

**(Approval of the Board of Management may be necessary)**

**The Principal/Acting Principal or staff member will call the Family Doctor or any Doctor/Emergency Services in the unlikely event of not being able to contact parents for instruction/while awaiting Parents arrival.**

**16. Assessment History: Has your child ever had any of the following types of assessment or been referred to any of the following Agencies?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Please tick which applies** | | | |
| **Psychological** | **Yes** |  | **No** |  |
| **Psychiatric** | **Yes** |  | **No** |  |
| **Occupational Therapy** | **Yes** |  | **No** |  |
| **Speech & Language** | **Yes** |  | **No** |  |
| **Other (eg behavioural)** | **Yes** |  | **No** |  |
| **Exempt from Irish** | **Yes** |  | **No** |  |

**Has your child had access to a Special Needs Assistant? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Has your child had Learning Support or Resource Teaching Hours? Yes\_\_\_\_\_ No\_\_\_\_\_**

**Has your child any specific/special toileting needs? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_**

**If yes, please discuss details with the Principal as soon as possible**

**17. If your child has been referred to any of the above please**

**(a) Give details and provide copies of the reports to the school with this application. All reports will be held and treated confidentially.**

**18. Copies of reports supplied? Yes: \_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_**

**In order to keep all our details up to date and have as much information as possible to ensure the best possible care for your child during his/her time in St. Louis Senior Primary School, we would ask you to take the time and carefully read all of the following questions and ensure you answer each question. Information provided to the school will be treated in the strictest of confidence.**

**Relationship and Sexuality is now part of the Social, Personal & Health Education Programme in schools as advised by the Department of Education (Policy on view in school)**

**Do you give permission for your child’s photograph to be included on our website?**

**Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

**Do you give your permission for your telephone number to be forwarded to the HSE for the arrangement of health screening tests for your child (example) eye/hearing/dental etc?**

**Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_**

**Do you give your permission for your child to visit sports facilities/DIT/Library/Church in the**

**locality under the supervision of the teacher during the year when it might occur?**

**Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_**

**Do you give your permission for your child’s uniform to be changed by a Special Needs Assistant in the presence of another adult in case of illness or toilet accident?**

**Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_**

**The following points are related to School Attendance, Reports, Behaviour Records and Serious Accidents. Please read carefully:**

**According to the Department of Education & Skills Circular 56/11, Attendance, Behaviour and Academic Records of pupils transferring to Secondary School will be sent to the school once the enrolment has been confirmed.**

**Attendance, Behaviour and Academic records of children who transfer to another Primary School to be forwarded to the Principal of the school by post as soon as written confirmation of this transfer is received.**

**Attendance, Behaviour and Academic records of children who transfer into St. Louis Senior Primary School will be sought directly from the previous school.**

**The forwarding of any Psychological Reports/Doctor’s Reports that would have taken place during your child’s time in St. Louis Senior Primary School to either new school if your child transfers, or to Secondary School when your child completes 6th class in St. Louis.**

**I give my permission for all transfers of the above information:**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I/We have completed this application form as accurately and as fully as I/We can. I**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Mother**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Father**

**PLEASE PRINT NAME (Mother) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE PRINT NAME (Father) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTERNATIONAL CHILDREN PROFILE (English as a second Language Pupils only)**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Country of Origin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Year of arrival of child in Ireland\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Other family members in Ireland\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Has your child attended School? Yes ( ) No ( )**

**5. Has your child attended any other school in Ireland? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATION IN OWN LANGUAGE**

**6. Did your child attend school in country of origin? Yes ( ) No ( )**

**7. If yes, for how many years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Language spoken at home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Does your child read in own language? Yes ( ) No ( )**

**10. Does your child write in own language? Yes ( ) No ( )**

**11. How well does your child speak/understand English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. Do you feel your child would benefit from extra English lessons? \_\_\_\_\_\_**

**13. Any other information that may be relevant/appropriate?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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