

PLEASE COMPLETE IN BLOCK LETTERS



St. Louis Senior Primary School, Williams Park, Rathmines Telephone: 01 4976098: Fax 01 4125789

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.

1 Proposed year of entry _____

It is a condition of enrolment in our school that all relevant data is entered on the Primary Online Database (P.O.D) of the Department of Education & Skills

2. Child's Name as on Birth Certificate _____ Gender _____
Please attach a copy of your child's birth certificate

3. Name & class of siblings already in St. Louis SPS _____

4. Nationality _____ Languages spoken at home _____

5. P.P.S. Number _____ Religion _____
You must fill in this part (Catholic, Protestant, Christian, Orthodox, None, for example)

Parent's Name _____ Parent's Nationality _____

Relationship to child _____

Parent's email address _____

Parent's Telephone Number (Work) _____ Mobile _____

PLEASE ENSURE YOU ARE CONTACTABLE AT THESE TELEPHONE NUMBERS AT ALL TIMES IN CASE OF EMERGENCY

Occupation _____

Parent's Name _____ Parent's Nationality _____

Relationship to child _____

Parent's email address _____

Parent's Telephone Number (Work) _____ Mobile _____

PLEASE ENSURE YOU ARE CONTACTABLE AT THESE TELEPHONE NUMBERS AT ALL TIMES IN CASE OF EMERGENCY

Occupation _____

6. CHILD'S RESIDENTIAL (HOME) ADDRESS - with whom does the child normally reside

Name/s _____

Address _____

7. Home Telephone Number _____

8. Mobile Number for "text a parent" _____

9. 1st contact Person if Parent is not available _____

Name _____ Telephone Number _____

Relation to Child _____

2nd Contact Person if Parent is not available

Name _____ Telephone Number _____

Relation to Child _____

Name of Previous School _____

Address _____

Telephone _____ Class _____

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

11. Telephone Number 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 _____

12. 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:

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.

13. **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

14. 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.

15. 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).

The school may share Personal Pupil Data with other organisations such as HSE, TUSLA, An Garda Síochána etc where there is a legal basis for doing so under GDPR.

Do you give permission for your child's photograph to be included on our website/blog or in other publications or displays?

Yes: _____ No: _____

Do you give consent for your child to use the computers in the school in line with our Acceptable Use Policy (Policy 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.

Signed _____
Signature of Parent

Signed _____
Signature of Parent

PLEASE PRINT NAME _____

PLEASE PRINT NAME _____

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?
