

Primary School Application Form

Applicants Surname: _____

Christian Names: _____

Date of Birth: ____/____/____

P.P.S. Number: _____

Address: _____

Home Phone: _____ **Mobile:** _____

Fathers Name: _____

Address: _____

Occupation: _____

Place of work: _____ **Mobile:** _____

Mothers Name: _____

Address: _____

Occupation: _____

Place of work: _____ **Mobile:** _____

Other Contact in case of illness: _____

Relationship to child: _____

Home Phone: _____ **Mobile:** _____

Parent's county of Origin: _____

If recently moved to Ireland please state date you arrived: _____

Religious Denomination: _____

Have you any other son`s in the school: Yes No

Any previous preschool attended: _____

Do you give permission to take the child straight to hospital incase of serious illness or accident? Yes No

Do you give permission for your child to take part in the R.S.E. Programme? Yes No

Does any order under family law exist that the school should know about? Yes No

Do you have a medical card? Yes No

Is your child on medication for an ongoing medical problem? Yes No

If yes please state: _____

Has your child any problems regarding:

Asthma Speech Hearing Sight

Is your son toilet trained? Yes No

*Please confirm that the **Code of Behaviour** is acceptable to you as parent/guardian and that you shall make all reasonable efforts to ensure compliance of same by the student if he secures a place in the school. Please note that the Code of Behaviour can be found at <https://ststephensbns.com/storage/CODE-Of-BEHAVIOUR-revised-editionDEC22.pdf>*

Please ensure you send in a Birth Certificate with your application form

We agree to abide by the rules, expectations and code of discipline of St. Stephens De La Salle.

Signed: Mother: _____

Father: _____

Date: _____