

St Louis Infant School
Williams Park
Rathmines
D06 FD92
Ph – 01-4972188



Application for (please tick)
Junior Infants ☐
Senior Infants ☐
First Class ☐

Email : admin@stlouis.ie

APPLICATION FORM – SCHOOL YEAR 2023-2024

*CHILD'S NAME Male ☐ Female ☐
(as on Birth Certificate)

GIVEN NAME (if applicable).....

*Date of Birth: *Child's PPS Number: Age at school entry: Yrs...../ Mths.....

*FULL POSTAL ADDRESS:

..... EIRCODE:

(Note: This address will be used in all postal correspondence re your child)

*Nationality: *Country of Birth:

If not born in Ireland, date child arrived in Ireland:

*First Language of home: *Second Language of home:.....

*To which ethnic or cultural background group does your child belong (please tick one):

Categories are taken from the Census of Population.

White Irish ☐ Irish Traveller ☐ Roma ☐ Any other White background ☐ Black African ☐

Other black background ☐ Chinese ☐ Any other Asian background ☐

Other including Mixed ☐ No Consent ☐

*Religion:

The above information marked with * is required by the Department of Education and Skills but requires your approval to be shared with them. This is in line with consultation sought by the Department from the Data Protection Commissioner.

Has your child attended Playschool and/or Montessori? Yes ☐ No ☐

Name of Playschool: Dates:.....

Name of Previous School (if applicable):

Class in Previous School:.....

Full Postal address of Previous School:.....

Telephone No: Principal:

I give permission to discuss the needs of my child with the Principal/Management of the pre-school/school listed above

Signature:..... Date:

Place in Family: Number of Children in Family:

Siblings attending St Louis Infant/Primary School:

Name(s)

Class(es).....

Parent 1/ Guardian 1

Name	
Mobile No.	
Email Address	
Alternative Contact No.	

Parent 2 / Guardian 2

Name	
Mobile No.	
Email Address	
Alternative Contact No.	

Is Parent a Past Pupil? Yes / No

If Yes: -

Parent 1/ Guardian 1

☐

Years:

Parent 2/ Guardian 2

☐

Years:

Who does the child reside with?

Parent 1 ☐

Parent 2 ☐

Both ☐

Other ☐

Who is the Legal Guardian(s)?

Parent 1 ☐

Parent 2 ☐

Both ☐

Other ☐

If OTHER please give details

Emergency / Collection Contact Numbers

	Name	Phone Number	Relation to child - Minder/ Grandparent Family / Friend etc.
1.			
2.			

Should any of these change while your child is attending St Louis Infant School please inform us immediately

Has your child any allergies:

Yes

☐

No

☐

If YES please give details:

Any medical conditions the school needs to be aware of:

.....

Parental Permission

Do you give permission to administer basic first aid if your child has an accident at school/games/school tour? If an accident is of a more serious nature, the school will contact parent/guardian.

Yes ☐ No ☐

Do you give permission for your child to be taken to a Doctor/Hospital in case of a serious accident/illness?

Yes ☐ No ☐

The HSE asks us to supply information on pupils for vaccinations, eye tests, hearing tests etc. Do you agree to this?

Yes ☐ No ☐

I/We have read the Code of Behaviour available on the school website and agree to abide by this policy

Code of Behaviour available on www.stlouis.ie

Yes ☐ No ☐

I/We support ALL School Policies as outlined on the school website – including the Admissions, Anti Bullying, Healthy Eating, Child Safeguarding, and Internet Acceptable Use Policies etc. available on www.stlouis.ie.

Yes ☐ No ☐

I/We give consent for my child's photograph, voice, video and work to be used for all school publications including school blog/website/school twitter account

Yes ☐ No ☐

Sometimes journalists visit our school to take pictures of children (e.g. awards/prizes, sporting events, concerts.) I give permission for my child to be included in these.

Yes ☐ No ☐

I/We give my permission for my child's religion and ethnic background to be transferred to the Department of Education and Skills Pupil Data System (POD)

Yes ☐ No ☐

Educational / Diagnostic Tests

During your child's time in St Louis Infant School, it may be necessary from time to time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development.

I give permission for any diagnostic tests to be carried out with my child.

Yes ☐ No ☐

I give permission to allow my child to attend additional support classes if deemed necessary. You will be informed prior to their attendance.

Yes ☐ No ☐

Liaising with Outside Agencies

As part of school life, the Health Service Executive (HSE) and TUSLA may need your child's name, address, phone number and class. I give permission to the school to give my details to the above authorities.

Yes ☐ No ☐

School Ethos

I agree to cooperate with the staff and support the ethos of St Louis Infant School.

Yes ☐ No ☐

School Tours / Field Trips

I give permission for my child to participate in all School Tours (details of which will be notified to you) and all short local trips, (park/ nature walks, etc.) usually within walking distance of school.

Yes ☐ No ☐

Contact Details

I give permission for my phone number to be used for Aladdin Connect

Yes ☐ No ☐

I agree to contact the school immediately if I change my address or telephone details as these are essential for contact with Parents/Guardians and the Aladdin Connect

Yes ☐ No ☐

Absences

I understand that the school must report to Túsla if a child is absent from school for 20 days or more and that if a child is absent for a prolonged period but without explanation and the Parents/Guardians cannot be contacted the school will inform the relevant authorities.

Yes ☐ No ☐

Child Protection & Welfare

I understand that should the school have reasonable cause for concern regarding my child's wellbeing/ safety or if my child discloses any form of abuse the school is bound to inform the HSE.

Yes ☐ No ☐

Any other useful information you would like the school to have regarding your child:

.....

.....

.....

I wish to enrol my child (name)

I declare that the above information to be correct and understand that it will be treated as confidential.

.....
Signature of Parent(s) / Guardian(s)

.....
Date

We thank you for taking the time to complete this enrolment form. Please do not hesitate to contact us should you have any queries regarding any of the above.

****Please ensure that you have included a copy of the following documents avoid delay in processing of your child's application.**

Checklist

Copy of Birth/Adoption Certificate

☐

Copy of Utility Bill

*In parent's/ guardian's name, dated in the previous **3** months*

☐

Stamped Address Envelope

☐