



# St. Louise de Marillac Primary School

Drumfinn Road, Ballyfermot, Dublin 10



Phone: 6234153

website: <http://stlouises.scoilnet.ie>

E-mail: [admin@stlouises.scoilnet.ie](mailto:admin@stlouises.scoilnet.ie)

Please tick what class your child will start in.

### Application for Class Placement

Junior Infants	Senior Infants	First Class	Second Class	Third Class	Fourth Class	Fifth Class	Sixth Class
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Start Date</b>

PPS No:  Birth Certificate  Baptismal Cert if Catholic

**Please Note:** These are mandatory. No application can be accepted with out them

Previous school if any: \_\_\_\_\_

Please attach a copy of previous school report if applicable

Child's Name (as on Birth Cert)		
Address		
Date of Birth		
Male or Female		
Religion		
Parents' Nationality		
Brothers/sisters who have attended this school		
Place of child in family (youngest etc)		
Mother's Name	Father's Name	
Mobile Phone	Mobile Phone	
Phone Number	Phone Number	
Alternative Contact Name and Phone No in case of emergency in school		

Does any legal order under Family Law exist that the school should know about? The school should be made aware of any court order, which affects the child's welfare, and also details of any person into whose custody the child should not be given. **If yes, please give details below and attach a copy of legal order.**

---



---

Other useful information— Special Needs, Health issues, allergies, special diet, speech and language etc. **Please include** any medical/psychological/speech and language reports.

---



---

**Please read and tick abox**

**School Policies/procedures are available on school website or from the school office**



1. Do you give permission for your child to be taken directly to hospital by car or ambulance in case of serious illness/accident or emergency?	Yes	No
2. In the event of your child having a minor accident, do you give your permission for a teacher or school worker to change his/her clothes if necessary and/or to administer basic first aid, including applying non-prescriptive disinfectant cream/plaster?	Yes	No
3. Do you give permission for your child to take part in the Stay Safe and Relationships & Sexual Education programmes ?	Yes	No
4. Do you give permission for your child to be individually tested (including diagnostic testing) and to attend individual/group sessions, Learning Support / Resource Teacher/ member of Special Education Team, if deemed necessary?	Yes	No
5. Do you give permission for your child to go on a nature walk, an outing, to the local church, swimming classes, a workshop or a school tour during school hours?	Yes	No
6. Do you give permission for the school to pass your child's name and contact details on to the Health Board (for medical & dental check-ups, etc) if the school is requested to?	Yes	No
7. Do you and your child agree to co-operate with the school's Code of Behaviour?	Yes	No
8. Do you allow your child to have access to the internet for educational purposes and to co-operate with the school's Acceptable Use Policy?	Yes	No
9. Do you give permission for your child's work, photo, image to be used on the school website/ blog/television/newspaper reports relating to school activities?	Yes	No
10. I/We understand that St Louise's Junior N.S. is a Catholic school and wish my/our child to be instructed in the Catholic faith.	Yes	No
<b>If no to Q. 10</b> I/We understand that there is no compulsion on my/our child to take part in Religious Education in the school. However, I/we understand that, given the lack of supervision/ resources, it will not be possible for my/our child to be outside the classroom during these lessons. I/We agree with this arrangement.	Yes	No
Please note: Some of the information from the first page on this form will be shared with the Department of Education & Skills for its pupil online database (POD). I have noted this. <input type="checkbox"/>		

If there is anything in this form that requires clarification or that does not apply to you or your child please let us know. If there is any other information you feel we should know, please write below.

---



---

Parent's/Guardian's Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_