



St. Stephen`s De La Salle

Primary School Application Form

PERSONAL DETAILS

Applicants Full Name: _____

Address: _____

Date of Birth: _____/_____/_____

P.P.S. Number _____

Phone: Home: _____ Mobile: _____

CONTACT DETAILS

Mothers Name: _____

Address (if different from above): _____

Occupation: _____

Place of work: _____ Mobile: _____

e-mail address: _____

Fathers Name: _____

Address (if different from above): _____

Occupation: _____

Place of work: _____ Mobile: _____

e-mail address: _____

Other contact in case of illness: _____

Relationship to child: _____

Home Phone: _____ Mobile: _____

Parents Country of Origin: _____

Religious Denomination: _____

Any previous school attended: _____

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

Do you give permission to take your child straight to hospital in case of a serious illness or accident? Yes No

Do you give permission for your child to take part in the Relationship And Sexuality Education 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

MEDICAL DETAILS

Does your child have any medical condition we should know about? Yes No

If yes please state and send in relevant reports: _____

Has your child any problems regarding:

Asthma Speech Hearing Sight Allergies

Is your son toilet trained? Yes No

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

We consent for this information to be stored on the Primary Online Database and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during their time in Primary Education.

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

Signed: **Mother:** _____

Father: _____

Date: _____
