



# Saint Luke's National School

Tyrrelstown

Dublin 15.

Ireland.

Ph. 01-8856015

[www.stlukesns.ie](http://www.stlukesns.ie)

Roll Number 16675V



St. Luke's NS is a Parish School with a Catholic Ethos under the Patronage of the Catholic Archbishop of Dublin

Please tick the Class Group the child is applying to:

- Junior Infants   
  Senior Infants   
  First Class   
  Second Class  
 Third Class   
  Fourth Class   
  Fifth Class   
  Sixth Class

<b>First Name:</b>	<b>Surname:</b>
Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Date of Birth:</b> /      /20
<b>Address:</b>	
<b>PPSN (child only) :</b>	<b>Country of Birth:</b>
<b>Mother:</b>	<b>Father:</b>
<b>Mother Mobile No:</b>	<b>Father Mobile No:</b>
<b>Mother Work Telephone:</b>	<b>Father Work Telephone:</b>
<b>Home telephone :</b>	
<b>Email Address:</b>	
<b>Emergency Phone Number:</b>	<b>Relationship to the child:</b>
<b>Language spoken at home:</b>	<b>Ethnic/Cultural background:</b>
<b>Mothers Maiden Name if no PPSN for child:</b>	
<b>Parish:</b>	<b>Religion:</b>
<b>Is child living with both parents?</b>	
<b>If No, Who is legal guardian of your child?</b>	
<b>Name of brothers or sisters in this school:</b>	
<b>Number of children in the family:</b>	<b>Child's position in the family:</b>
<b>Name and address of school / preschool child is attending at present:</b>	
<b>Number of years child attended preschool:</b>	

### Parent/Guardian Consent

To go on school trips /local sports events ( <i>Teacher will advise when trips are to take place</i> ): <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Attendance at Learning Support, where necessary: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Class photographs e.g. website, school calendar etc: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Use of Band Aids (plasters) for minor cuts <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Permission for school reports (including any Psychological/Assessment Reports) to be requested or transferred from my child's previous school: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Permission for my child's details (name, address, date of birth etc.) to be given to the HSE for the purpose of dental, hearing and sight tests : <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Permission for my child to go on educational walks during school hours: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	I accept that all details relevant to my child will be entered on the POD (Pupil Online Database): <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
I have read and signed the "Code of Behaviour"? (Please return cut-off slip with this application form) <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	I accept that my child's school photograph will appear on our school database (for school use): <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

The following questions do not form part of the enrolment process. They will provide the school with additional information about your child and assist with planning of support teachers for the year.

Please circle your answer:

**If the answer is YES or needs more details please outline below. Please also provide reports to the Principal. Reports must be dated within the previous 2 years:**

1. Does your child have any Special Needs? **YES / NO** \_\_\_\_\_
2. Was your child ever in any extra support classes (SET) or any extra support in preschool? **YES / NO** \_\_\_\_\_
2. Has your child undergone a formal assessment (e.g. psycho-educational, O.T. etc). **YES / NO**  
If yes, please give details \_\_\_\_\_
3. Has your child ever attended or is still attending any outside agency (e.g. Speech Therapy, CAMHS etc). **YES / NO**. If YES, please give details: \_\_\_\_\_
4. Has your child an Irish Exemption? **YES / NO**. If YES, please give date of Irish Exemption: \_\_\_\_\_  
Please provide a copy of Irish Exemption with this Application).
5. Has your child been two years in any class? **YES / NO**. If YES, please state when \_\_\_\_\_
6. How well can your child work on their own? **WELL / NOT SO WELL** \_\_\_\_\_
7. How well does your child settle down to homework? **WELL / NOT SO WELL** \_\_\_\_\_
8. How well behaved is your child? **FAIR / GOOD / VERY GOOD** \_\_\_\_\_
9. How regular has their attendance been? **GOOD / LOW** If low, please explain why (e.g. hospital, asthma etc.) \_\_\_\_\_
10. Has your child experienced any difficulties in regard to school? **YES / NO** \_\_\_\_\_
11. Health: (any difficulties with) Eyesight: **YES / NO** \_\_\_\_\_  
Hearing: **YES / NO** \_\_\_\_\_  
Does your child have any other health or medical conditions: **YES /NO** (If YES, please give further details) \_\_\_\_\_

*Should there be any other confidential information you do not wish to put on this form,  
Please make an appointment to meet with the Principal*

**I understand that any misinformation will deem this Application invalid**

<b>Parent/Guardian Signature :</b>	<b>Date:</b>
<b>Parent/Guardian Signature :</b>	<b>Date:</b>

**The following documents should accompany this application:**

- (i) Photocopy of Pupil's Birth
- (ii) Photocopy of Baptismal Certificate is required if pupil is to receive the Sacrament of Communion and Confirmation.
- (iii) Signed Code of Behaviour cut-off slip
- (iv) One current passport-size photograph
- (v) School report(s) from current school when applying for a place in Senior infants to 6th Class.
- (vi) Copy of Assessment Report, if applicable.
- (vii) Copy of Irish Exemption Certificate and/or any Assessments if applicable.

If the required documents are not received with the Application Form it will be returned to Applicant.

<b>For Office Use Only</b>
Date Received: ___ / ___ / _____
Signed: _____