



St Louis Secondary School, Carrickmacross
Application Form for Enrolment into First Year

Surname.....

Full Christian Name(s).....

Name Generally Used.....

Date of Birth.....

Home Address.....

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If a separate copy of school report is necessary, please indicate the name and address of the parent/guardian to whom it should be sent:

Name : **Address :**

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Religion **Student's P.P.S. Number**.....

Country of Birth **Telephone Number (Home)**.....

Mobile Numbers 1. 2.
(1: mobile to which text messages will be sent)

Date of Enrolment in St. Louis Secondary School

Date of entrance to this school.....

Family Doctor

Former School(s).....

Father's Name (if living).....

Mother's Full Maiden Name (if living).....

Is mother a past pupil of the school?.....

Number of children in family

Number of brothers **Number of sisters**.....

Pupil's position in family.....

Sisters in this school and class.....

Sisters who are past pupils.....

Please try to place in same class as (Optional):

Please provide one name only (This cannot be guaranteed)

Any other relevant information: (e.g. Medical: hearing/sight; special education needs: in receipt of resource hours/learning support at present)

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Signature: _____ **Parent/Guardian Date:** _____

Signature of teacher: _____

Declaration by Parents/Guardians

The school wishes to foster a close partnership with parents/guardians. Towards this end, the school is committed to keeping parents/guardians fully informed when persistent or serious breaches of the Code of Behaviour occur. The school recognises that parents/guardians have a key role to play in ensuring that students abide by the Code of Behaviour and thus avoid any disciplinary action or other consequences that may follow from unacceptable behaviour. Accordingly, as laid out in Section 23 (4) of the *Education (Welfare) Act, 2000*, it is the policy of the school that parents/guardians complete the declaration below as a necessary part of the process of enrolling a student in the school.

I undertake that my daughter will abide by the Code of Behaviour of Saint Louis Secondary School, Carrickmacross and by the regulations contained therein.

First Signature: _____
(Parent/Guardian)

Second Signature: _____
(Parent/Guardian)

Student's Signature: _____

Date: _____

Application forms posted to the school will be receipted by post within five working days. If no receipt is returned please contact the school office at 042 9661587