



Saint Luke's National School

Tyrrelstown

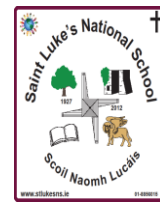
Dublin 15.

Ireland.

Ph. 01-8856015

www.stlukesns.ie

Roll Number 16675V



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

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

Did your child have any extra supports in preschool?			
Does your child have any Medical Conditions		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any Special Needs		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of the above , please supply details or reports to the Principal. Reports must have been dated within the last 2 years.			

Parent/Guardian Consent

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

The following questions are not used to choose children but to give us information about your child.

Please circle your answer:

If Answer is Yes or needs more details please write below:

32. Was your child ever in any support classes (SET)? Yes / No. _____

33. Has your child undergone a formal assessment (e.g. psycho-educational, O.T. etc). Yes / No

If yes, please give details _____ (Please provide a copy of any Assessments with this Application).

34. 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; _____

35. 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).

36. Has your child been two years in any class? Yes / No. If Yes please state when _____

37. How well can your child work on their own? Well / Not so well. _____

38. How well does your child settle down to homework? Well / Not so well. _____

39. How well behaved is your child? Fair / Good / Very Good. _____

40. How regular has their attendance been? Good / Low. If low say why (e.g. hospital, asthma etc.) _____

41. Has your child experienced any difficulties in regard to school? Yes / No _____

42. Health: (any difficulties with) Eyesight: Yes / No _____

Hearing: Yes / No _____

Any other health problems: Yes /No (Please state if yes) _____

*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

Parent's Signature	Date
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The following documents should accompany this application:

- (i) Photocopy of Pupil's Birth and Baptismal Certificate needed if pupil to receive the Sacrament of Communion and Confirmation. (Birth Certificate only needed if pupil is not Baptised).
- (ii) Code of Behaviour cut-off slip.
- (iii) One current passport-size photograph.
- (iv) School report(s) from current school when applying for a place in Senior infants to 6th Class.
- (v) Copy of Assessment Report, if applicable.
- (vi) Copy of Irish Exemption Certificate and/or any Assessments if applicable.

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