



Saint Luke's National School

Tyrrelstown

Dublin 15.

Ireland.

Ph. 01-8856015

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

This form must be completed and submitted with the online application - paper applications are not permitted

Childs First Name:	
Childs Surname:	
Nationality:	
Mothers name:	
Fathers name:	
Emergency Contact (other than parent) Phone Number:	
Emergency Contact relationship to child:	
Mothers Maiden Name if no PPSN for child:	
Parish:	
Is your child living with both parents?	
If No, Who is the 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:	

The following questions do not form part of the enrolment process. They will provide the school with additional information about your child and will 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** _____
12. Does your child have any other health or medical conditions: **YES /NO** (If YES, please give further details) _____
13. Is there anything else you would like us to know about your child that could impact their health and safety in St Luke's ? _____

Parent / Guardian Consent

To go on school trips /local sports events (Teacher will advise when trips are to take place): 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 & signed the "Code of Behaviour"? (Please return cut-off slip with this 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"/>

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

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.

For Office Use Only	
Date Received: ____ / ____ / ____	Signed: _____