

# Application for Senior Infants to 6<sup>th</sup> Class

## St Laurence's NS, Greystones, Co Wicklow

*To be completed by School Office only:*

Received:      Date: \_\_\_\_\_

Time: \_\_\_\_\_

Orig Docs: YES/NO

### Applicant Details

Surname: _____	First Name: _____
Date of Birth: _____	Gender: <b>Male/Female</b> <i>(delete as appropriate)</i>
PPS Number: _____	Religious Denomination: _____
Nationality: _____	Current School: _____
Address: _____ _____	
Doctor's Name: _____	Doctor's Tel: _____
Relevant Health or Other Information: _____ _____	

### Parents'/Guardians' Details

	Mother/Guardian	Father/Guardian
Name:	_____	_____
Mobile:	_____	_____
Work Tel:	_____	_____
Email:	_____	_____
Occupation:	_____	_____
Address: <i>If different to applicant's address</i>	_____	_____
Home Tel:	_____	_____

### Emergency Contact Details *(where parents are not available)*

	Name	Relationship to Child	Mobile	Home Tel	Work Tel
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

## Siblings

If you have other children attending St Laurence's NS, please give details below

Child's Name

Class/Grade

_____	_____
_____	_____
_____	_____

Please indicate class and year required:

Class:

Year of Entry:

## Permissions

Do you consent to your child's name and address being provided to the East Coast Area Health Board for the purpose of arranging vaccinations and health checks at various stages throughout the primary school years?

Yes

No

Signature(s) of Parent(s)/Guardian(s):

\_\_\_\_\_

Please Print Names:

\_\_\_\_\_

Date:

\_\_\_\_\_

## IMPORTANT

Applications will **NOT** be accepted without all questions being answered and without the following documentation:-

- **ORIGINAL** Birth Certificate
- 2 x Proof of Address: One Utility Bill and one other official proof of address, eg Bank/Visa Statement **dated within last three months**

**PLEASE ENSURE ALL QUESTIONS ARE ANSWERED**