

St Mary's BNS, Lucan

Chapel Hill, Lucan, Co Dublin - K78 YD27 Tel: (01) 6281857 Fax: (01) 6219394

Website: www.stmarysbns-lucan.com Email: info@stmarysbns-lucan.com



Application Form

Child's First Name:	Surname:	Date of Birth:
Country of Birth:	Language spoken at home (if not English):	
Nationality: (If dual citizenship where Irish is one, please choose Irish)		
Address:	Number of years living in Ireland (if not born here):	
	Number of children in family:	
	Child's place in family:	
Religion:	P.P.S. Number:	
Brothers already attending this school or applying this year also:	Sisters already attending St. Mary's GNS:	

Mother's (or Guardian's) Information

Father's (or Guardian's) Information

First Name:	First Name:
Surname:	Surname:
Maidenname (if applicable):	
Country of Birth:	Country of Birth:
Occupation:	Occupation:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
E-mail:	E-mail:

Has your child attended pre-school? Yes / No	Has your child attended another primary school? Yes/No
Name of pre-school:	Name of school attended:
From / To:	From / To:
Has your child been referred for any of the following:	
Speech Therapy? Yes / No Occupational Therapy? Yes / No Psychiatric / Psychological Assessment? Yes / No	
Does your child have Special Needs? Yes / No (If yes, please make an appointment to see the Principal)	
Does your child have any medical conditions / allergies? Yes / No (If yes, please describe briefly)	
I accept the school's Enrolment Policy and Code of Behaviour (available from the school office) <input type="checkbox"/>	
I consent to the inclusion of my son's information on Application Form being shared with the Primary Online Database <input type="checkbox"/>	

Signatures of Parent(s) / Guardian: _____
Date: _____