

# St. Laurence O'Toole's Girls' School

Seville Place, Dublin 1

## Entrance Application Form

Name of child: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Where baptised: \_\_\_\_\_

Telephone: \_\_\_\_\_ P.P.S Number: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Name of Playschool: \_\_\_\_\_

Total number of children in the family: \_\_\_\_\_

Place of above child in the family: \_\_\_\_\_

Has your child any health problems which the school should be aware of?

\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Contact person if parents are unavailable: \_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please enclose a Birth Certificate and Baptismal Certificate