

ST. LOUIS HIGH SCHOOL
Ardcoil San Lughaidh



Charleville Road, Rathmines, Dublin 6
Tel: 01-4975458 Fax: 01-4973728 Email: stlouisr@iol.ie
www.stlouishighschool.ie

APPLICATION FORM

Year of Entry September _____

Student's Name: _____

Parent's/Guardian's Name: _____

Address: _____

Phone No: _____

Student's Date of Birth: _____

Nationality: _____

Primary School Attended: _____

School Address: _____

School Phone No: _____

Any past or present sisters in St. Louis High School? _____

Has application been made to other secondary schools?

Any other information pertaining to your daughter's educational needs.

Parent Signature _____ Date _____

Please return this form as soon as possible to:

Application Secretary
St. Louis High School
Rathmines
Dublin 6

*Any student who is applying to **transfer** to St. Louis High School from another secondary school must return a copy of their three most recent school reports with this application form.*

Office use only

Date Received _____