



ST. LOUIS HIGH SCHOOL

Ardcoil San Lughaidh

Charleville Road, Rathmines, Dublin 6

Tel: 01-4975458 Fax: 01-4973728

Email: stlouishs.rathmines@gmail.com www.stlouishighschool.ie

APPLICATION FORM

Year of Entry September _____

Student's Name: _____

Parent/Guardian Name: _____

Address no 1: _____

Parent/Guardian Name: _____

Address no 2: *(only if communication from school should also be sent to a second address)*

Phone No: (Landline) _____ (Mobile) _____ Parent Email: _____

Student's Date of Birth: _____

Country of Birth: _____ Nationality: _____

Primary School Attended: _____

School Address: _____

School Phone No: _____

Please give the names of past or present sisters who attended/are attending St. Louis High School?

Has application been made to other secondary schools? _____

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

Parent's Signature: _____ Date: _____

If any of the above details change especially the contact details/address it is essential that you inform the school immediately. Please do this even if you have another daughter in the school. Failure to do this may result in your daughter losing out on the offer of a place in this school.

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 _____