



# ST. LOUIS HIGH SCHOOL

Ardcooil San Lughaidh

Charleville Road, Rathmines, Dublin 6

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## 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.***

***This form should not be returned until after the 1<sup>st</sup> October in the year previous to entry in 1<sup>st</sup> Year:***

Application Secretary  
St. Louis High School  
Rathmines  
Dublin 6

**Office use only**

Date Received \_\_\_\_\_