



Enrolment Form

St. Louise de Marillac Primary School

Year: 2027/2028

Name of child: _____

Gender: _____ Date of Birth: _____

Address: (at which the applicant resides)

Name and class of sibling(s) currently enrolled:

Parish in which the applicant resides:

Please tick the class you wish to enrol your child for

Junior Infants ☐ AS Class ☒ N/A Early Start Morning ☐ Early Start Afternoon ☐

Parent(s)/Guardian(s) Details:

Name 1: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Mobile: _____ Email: _____

Name 2: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Mobile: _____ Email: _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Please complete the above and forward it to Principal, St. Louise de Marillac Primary School, Drumfinn Road, Ballyfermot, Dublin 10 no later than 5pm on 22nd January 2027. Applicants will be notified of the decision on their application by 5th February 2027.