

Please note: Completion of this application form does not automatically secure enrolment.

Confirmation of enrolment will be notified to you in writing.

Pupil's Details (Please use pupil's official name as per Birth Certificate)

Pupil's Forename(s) _____ Pupil's Surname _____

Pupil's Address _____

_____ Eircode _____ Pupil's Date of Birth ____/____/____

Pupil's PPSN _____ OR Mother's Maiden Name _____

Pupil's Nationality _____ **Note:** If *Dual Nationality*, please state whether:

Dual Nationality (Ireland and Other) Dual Nationality (Both Non-Ireland)

Main Language spoken at home English Irish Other please state _____

Has the pupil a sibling in Scoil Bhríde? Yes No

If Yes, please give sibling(s) Name(s) _____ Sibling(s) Class(es) _____

Is the pupil to prepare for the Sacrament of First Holy Communion with the school? Yes No

If no, is the pupil to partake in the *Grow in Love* programme during Religion instruction? Yes No

Pupil's Current School _____ Pupil's Current Class _____

Parent/Guardian(s) Details (Please Print Carefully)

Parent/Guardian1 Name _____ Relationship to Pupil _____

Address(if different to pupil's) _____ Eircode _____

Nationality _____ **Mobile1(used for texts)**(____) _____

Home Ph.(____) _____ Work Ph (____) _____ Other Contact (____) _____

Parent/Guardian2 Name _____ Relationship to Pupil _____

Address(if different to pupil's) _____ Eircode _____

Nationality _____ **Mobile1(used for texts)**(____) _____

Home Ph.(____) _____ Work Ph (____) _____ Other Contact (____) _____

Additional Pupil Information

Are there any medical conditions that the school should know about e.g. allergies Yes No

If yes, please give more information below. It may be necessary to make an appointment to discuss further.

Are there any family circumstances the school should know about e.g. specific guardianship arrangements or other circumstances? Yes No If yes, please give more information _____

Has the pupil had a psychological assessment or been referred to other agencies Yes No

If yes, please give more information _____

Has the pupil received learning support for Maths and/or English in the Past? Yes No

If yes, please indicate the number of years he has received Maths/English language support _____

Do you wish to participate in the school's Book Rental Scheme? Yes No

General Consent – Do you give permission for the school to do the following?

Deliver the Relationships and Sexuality Education Programme as part of the curriculum subject Social, Personal and Health Education Programme to the pupil?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deliver the Stay Safe Programme as part of the curriculum subject Social, Personal and Health Education Programme to the pupil?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Show samples of the pupil’s interschool projects and/or group photos on the school’s website or in local papers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bring pupil to hospital in case of an emergency and we cannot make contact with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Administer literacy and/or numeracy assessment to the pupil?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Obtain & transfer information regarding the pupil when transferring to this or another school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Important: If yes, please ensure attached Transfer of Information form is signed

Primary on Line Database Consent (POD)

Do you give permission to upload the pupil’s ethnic or cultural background to POD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Pupil’s Ethnicity/Culture:	White Irish <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>	Any Other White Background <input type="checkbox"/>		
	Asian or Asian Irish – Chinese <input type="checkbox"/>	Asian or Asian Irish – Any other Asian background <input type="checkbox"/>			
	Black or Black Irish – African <input type="checkbox"/>	Black or Black Irish - Any Other Black Background <input type="checkbox"/>	Roma <input type="checkbox"/>		
	Other (including a mixed background) <input type="checkbox"/>	No consent given <input type="checkbox"/>			
Do you give permission to upload the pupil’s religion to POD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Pupil’s Religion:	Roman Catholic <input type="checkbox"/>	Christian Religion not further defined <input type="checkbox"/>	Agnostic <input type="checkbox"/>		
	Apostolic or Pentecostal <input type="checkbox"/>	Atheist <input type="checkbox"/>	Baptist <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian religion, not further defined <input type="checkbox"/>
	Church of Ireland, (Anglican) <input type="checkbox"/>	Evangelical <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jehovah Witness <input type="checkbox"/>	
	Jewish <input type="checkbox"/>	Lutheran <input type="checkbox"/>	Methodist, Wesleyan <input type="checkbox"/>	Muslim <input type="checkbox"/>	
	No religion <input type="checkbox"/>	Orthodox (Greek, Coptic, Russia) <input type="checkbox"/>	Other rel. <input type="checkbox"/>	Protestant <input type="checkbox"/>	Presbyterian <input type="checkbox"/>

Important: Failure to sign the school’s Code of Behaviour and Anti-bullying policies prevents enrolment in this school.

Please sign below to indicate that you understand all of the above and are aware this school adheres to the Child Protection Guidelines & Procedures as laid out by the Dept. of Education & Skills, and that you will read and support the school’s Code of Behaviour and Anti-Bullying policies by signing and returning to the school the designated forms. Also, that you have given consent for the above information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other schools that the pupil may transfer to during the course of their time in primary school. For more information on POD please visit www.education.ie

Parent/Guardian Signature _____

Date ____/____/____

For Office Use Only

Date Enrolled _____	Class Assigned _____	If applicable, please tick if attached	Medical Consent to Administer
Teacher Assigned _____	Copy of Birth Cert. <input type="checkbox"/>	Copy of Baptismal Certificate <input type="checkbox"/>	Medication Form Signed & Attached <input type="checkbox"/>
		Copy of Assessment Reports <input type="checkbox"/>	Entered on D/Biz <input type="checkbox"/>
		Copy of Legal Documents <input type="checkbox"/>	Entered on POD <input type="checkbox"/>
			Added on D/Biz to family/group(s) <input type="checkbox"/>