

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 <i>Dual Nationality</i> , please state whether:	
Dual Nationality (Ireland and Other) <input type="checkbox"/>		Dual Nationality (Both Non-Ireland) <input type="checkbox"/>	
Main Language spoken at home	English <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/> please state _____
Has the pupil a sibling in Scoil Bhríde? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
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 <input type="checkbox"/>		No <input type="checkbox"/>	
If no, is the pupil to partake in the <i>Grow in Love</i> programme during Religion instruction? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
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 _____	
Email _____			
Nationality _____		Mobile1(used for texts) (____) _____	
Home Ph.(____) _____		Work Ph (____) _____	
Other Contact (____) _____			
Parent/Guardian2 Name _____		Relationship to Pupil _____	
Address(if different to pupil's) _____		Eircode _____	
Email _____			
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give more information _____			

Has the pupil had a psychological assessment or been referred to other agencies		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give more information _____			
Has the pupil received learning support for Maths and/or English in the Past?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

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"/>