



Scoil Bhríde (Cailíní)

Church Ave, Blanchardstown, Dublin 15

8201717

www.scoilbhridec.ie

Application Form

This is an Application Form for the academic year starting September 20__.

Junior Infants: Starting September 20_____

Other Class: _____ Starting _____ 20_____

Please note, that in accordance with the Enrolment Policy of Scoil Bhríde (Cailíní), children “whose fourth birthday occurs after 31st May in the year of proposed enrolment in Junior Infants cannot normally be accommodated.”

Child’s Name (as per Birth Cert): Family Name: _____

Given Name: _____

Name by which child is usually known: _____

Date of Birth: _____

Child’s PPS number: _____

Address: _____

Place of child in family: _____

Names and ages of sisters in Scoil Bhríde (Cailíní): _____

Names and ages of brothers in Scoil Bhríde (Buachaillí): _____

Mother’s Name: _____ Phone Number: _____

Father’s Name: _____ Phone Number: _____

Is there a custody order / legal agreement in respect of your child? Yes / No

If ‘Yes’, please make an appointment to discuss this with the Principal.

Does your child attend a pre-school? Yes / No. Name of pre-school: _____

Is your child attending another Primary School in the State? If so, please provide the name and address of that school:

Has your child been receiving Learning Support / Language Support / Resource Teaching in that school? Yes / No A progress report from that school must accompany this application.

LANGUAGE:

In Scoil Bhríde (Cailíní), we have a policy of promoting and supporting the cultures of our pupils and, in particular, **the language(s) of their countries of origin. We STRONGLY advise parents to continue to speak to their children in their mother-tongue both before the child starts school and while she is a pupil in Scoil Bhríde (Cailíní).**

Country of origin of the parents:

In what country were the parents **born**? Mother: _____

Father: _____

If you are from another country, when did you first come to live in Ireland? _____

In what country was your child born? _____

What language(s) are spoken in your home? _____

SPECIAL NEEDS:

Scoil Bhríde (Cailíní) welcomes children with special needs. In order to help us to access any supports your child may be entitled to, please inform the Principal of any special need your child has.

Has your child ever been assessed by a psychologist / speech and language therapist / other professional? If so, please provide copies of reports and inform the Principal.

Does your child have allergies/ asthma / epilepsy / any other condition we need to know about? Yes / No If 'Yes', please make an appointment to discuss this with the Principal.

SCHOOL POLICIES:

I, _____, agree to support all school policies and to co-operate with school personnel in any investigation of allegation / incidents of bullying which may occur during the time my daughter is a pupil at the school. **This application must be accompanied by a Birth Certificate and two recent Utility Bills showing address.**

Please contact the Principal if you wish to discuss any aspect of this application.

Office Use Only: Date Application Received in the school: _____