

Scoil Bhríde Cailíní

Blanchardstown, Dublin 15

Tel: (01) 8201717

Email: office@scoilbhridecailini.ie

Website: www.scoilbhridecailini.ie

Roll Number 18047C

Registered Charity Number 20119003



Principal: Paula Dargan

Deputy Principal: Anne Mc Keon

Checklist for Completion of Application Form for Admission to Scoil Bhríde Cailíní

1. Only fully completed application forms with all accompanying documentation will be accepted.
2. Incomplete application forms or forms without all accompanying documentation will be returned to you.
3. All applications will be date stamped upon receipt, only if they are fully complete and if all accompanying documentation is provided.
4. Ensure you have submitted your application, fully completed, within the timeframe for application, listed in the Admissions Notice on our school's website; www.scoilbhridecailini.ie. Otherwise, your application will be deemed late.
5. Please complete with a ballpoint pen and use block capitals. Ensure your email addresses are legible.
6. Have you addressed the following?

Have you completed every part of the application form, in particular all the consent boxes?

Have you provided the following documents?

- ORIGINAL birth certificate.

(The school will make a copy of the document(s) submitted and will return all the originals.)

- Included photocopy of baptismal certificate if Catholic – This is required for sacramental preparation.

Have you included two different documents dated within the last 6 months from the list below?

- Current utility bill (such as a gas, electricity or telephone or mobile phone bill) confirming your name and address.
- Current car or home insurance policy that shows your name and address.
- Document issued by a government department that shows your name and address.
- Social insurance document that shows your name and address.

Scoil Bhríde Cailíní
Roll Number: 18047C

Application Form for Admission to Scoil Bhríde (Cailíní)

Class applying for:

Junior Infants: September 22 _____

OR

Other Mainstream Classes (Please Specify): _____

OR

ASD Class: September 22 _____

Please note, that in accordance with the Admission Policy of Scoil Bhríde (Cailíní), only girls whose fourth birthday occurs on / before May 31st can be accommodated.

1. Child's Details

Birth Cert Forename: _____ Birth Cert Surname _____

Date of Birth: _____

Address: _____

Eircode: _____ Home Tel: _____

Resident of St. Brigid's Parish, Blanchardstown YES NO

Previous school/s / preschools: _____ Class/Teacher: _____

2. Siblings currently in Scoil Bhríde (Cailíní) or Scoil Bhríde (Buachallí) YES NO

Name of Sibling in Scoil Bhríde (Cailíní) _____ Age: _____

Name of Sibling in Scoil Bhríde (Buachallí) _____ Age: _____

3. Daughter of permanent or CID staff member of Scoil Bhríde (Cailíní) or Scoil Bhríde (Buachallí)

YES No

Name of parent: _____

4. Daughter of former student of Scoil Bhríde (Cailíní) YES NO

Name of former student _____

5. Parent/ Guardian Information

Parent 1: Name: _____ Mobile: _____ Country of Origin: _____

Work Tel: _____

Email Contact for School Communication: _____ (in clear print)

Parent 2: Name: _____ Mobile: _____ Country of Origin: _____

Work Tel: _____

Email Contact for School Communication: _____ (in clear print)

Reason for school transfer: _____

By applying to enrol your daughter in and/or by attending Scoil Bhríde (Cailíní) you acknowledge and agree to the collection and processing of personal information by the school in accordance with all data processing regulations.

6. Additional Information for Primary Online Database (POD)

Child's Nationality: _____ PPSN: _____ Mother's Maiden Surname: _____

- Is one of the child's mother tongues (language spoken at home) English or Irish? Yes No

Consent to transfer to POD Yes No

- Child's Religion: _____

Consent to transfer to POD Yes No

- To which ethnic or cultural background group does your child belong? (Please tick one)

(Categories taken from Census of Population)

White Irish Any other White background Irish Traveller Roma Black or Black Irish – African

Black or Black Irish– Any other Black background Asian or Asian Irish – Chinese Other (incl. mixed background)

Asian or Asian Irish – Any other Asian background

Consent to transfer to POD Yes No

I/ We consent that information relating to my/our daughter will be made available to school staff on a need-to-know basis. I/We also consent that the school may transfer this information to another school when my/our daughter is moving school or to other relevant agencies; Department of Education & Skills, including its Primary Online Database, Tusla – Child & Family Agency, Health Services Executive, and National Council for Special Education.

By signing below, you are agreeing to abide by all school policies, including our Code of Behaviour and agreeing to make every reasonable effort that your child will comply with the Code. (Code of Behaviour is available on the school website.)

Signatures of Parent/Guardian 1: _____ Date: _____

Signature of Parent /Guardian 2: _____ Date: _____

7. Additional Emergency Contacts:

Name: _____ Address: _____ Contact Number: _____ Relation to child: _____

1. _____

2. _____

8. Important Medical Information:

Family Doctor: _____

Address: _____ Tel: _____

Medical Condition Yes No

Details: _____

Medication Yes No

If child requires medication / medical assistance to be administered during the school day, permission must be sought from the Board of Management and an indemnity form signed. Staff must receive written instruction from you/ your GP about the administration of any medication / medical assistance before your child starts school.

9. Any other information

Give details and specify any condition/information not listed above which might be considered to affect your child's ability to benefit fully from school.

10. SPHE

It is mandatory to teach the subject SPHE (Social, Personal & Health Education) in all Primary Schools, encompassing, Relationships and Sexuality Education (RSE), the Stay Safe Programme (personal safety skills), and the Walk Tall programme (substance misuse prevention). It is advised that all children participate in this curricular subject, with parental support. Please contact the school should you have any concerns.

11. Data Privacy Statement

The information provided on this form will be used by Scoil Bhríde Cailíní to apply the selection criteria for enrolment in Junior Infants, and to allocate school places in accordance with the School's Admission Policy and the School's Annual Admission Notice.

Where a pupil is admitted to the school, the information will be retained on the pupil's file.

On acceptance of an offer of admission, this information will be entered in the School Administration System, Aladdin and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

In the event of oversubscription, a waiting list of students whose applications for admission to Scoil Bhríde Cailíní were unsuccessful due to the school being oversubscribed will be compiled, and will remain valid for the school year in which admission is being sought (See Section 13 School Admission Policy).

Where a child's name is placed on a waiting list, and the child is not admitted to the school, the information provided on this form will be retained for the duration of the school year and will be securely destroyed thereafter.

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students. The information which may be provided to a patron or another Board of Management for this purpose may include all or any of the following:

- (i) the date on which an application for admission was received by the school.
- (ii) the date on which an offer of admission was made by the school.
- (iii) the date on which an offer of admission was accepted by an applicant.
- (iv) a student's personal details including his or her name, address, date of birth and personal public service number (within the meaning of section 262 of the Social Welfare Consolidation Act 2005).

Parental Consents for Duration of Child's Attendance at Scoil Bhríde (Cailíní)

1. I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness / accident.
Yes No
2. I consent to my child attending learning support if such is deemed necessary by the school.
Yes No
3. I consent to the school administering diagnostic tests to my daughter, if necessary, to support the areas of literacy and numeracy.
Yes No
4. I understand that if my child is assessed by a psychologist or medical professional, the school Principal / Special Needs Co-ordinator may share / discuss this report with relevant teachers and agencies.
Yes No
5. I give permission for my child to participate in activities within walking distance of the school to support the school curriculum. (Trips requiring transport will be consented separately).
Yes No
6. I consent to my daughter's photograph being taken and stored on the school's Aladdin data system.
Yes No
7. I consent to my child being photographed / videoed by the school staff while participating in school activities (concerts, choir, games, class activities etc.) on a no name basis.
Yes No
8. I give permission for my daughter's photo/ video clip/ work to be included on the website on a no name basis.
Yes No
9. I give permission for my daughter to use computers / iPads and to have supervised access to the internet in line with the school's Acceptable Use Policy.
Yes No
10. Does any legal order under family law exist in relation to your daughter? If yes, a copy of the court order is required for the school. Please make an appointment also to discuss this with the Principal.
Yes No

Declaration by the Parents/Guardians:

I/We declare that we have provided all the relevant information to the school in this application, which will be required for my/ our child to benefit fully from her education.

Parent/Guardian's Signature:	Parent/Guardian's Signature:
Date:	Date:

For Office Use Only

Date Application Received: _____

Birth Cert. received Baptismal Cert received Proof of Address received