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: _____ Home Tel: Resident of St. Brigid's Parish, Blanchardstown YES NO Class/Teacher: ___ Previous school/s / preschools: 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) YFS П NO Name of former student ___ 5. Parent/ Guardian Information Parent 1: Name: ______ Country of Origin: _____ Work Tel: ____ Email Contact for School Communication: (in clear print) Parent 2: Name: _____ Mobile: _____ Country of Origin: _____ Work Tel:

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.

(in clear print)

Email Contact for School Communication:

Reason for school transfer:

Child's Nationality:	PP:	SN:			Mother's Maide	en Surname:
Is one of the child's m	nother tong	ues (l	anguage	spoken	at home) English or Irish	? Yes □ No □
Consent to transfer to	POD Yes	□ N	o 🗆			
Child's Religion:						
Consent to transfer to	POD Yes	ן	lo 🗆			
To which ethnic or cu	ltural backg	roun	d group	does yo	ur child belong? (Please ti	ick one)
(Categories taken from Census	of Populati	on)				
White Irish	te backgrou	nd 🗆	☐ Irish T	raveller	☐ Roma ☐ Black or Blac	k Irish − African □
Black or Black Irish– Any other	Black backg	round	d 🗆 Asia	an or Asi	an Irish – Chinese \square Othe	r (incl. mixed background) \square
Asian or Asian Irish – Any other	r Asian back	grour	nd 🗆			
Consent to transfer to	POD Yes	ם N	lo 🗆			
Signatures of Parent/Guardian 1:						
Signature of Parent /Guardian 2:					Date:	
7. Additional Emergency C	Contacts: Address:				Contact Number:	Relation to child:
1						
2						
8. Important Medical Info	rmation:					
Family Doctor:						
Address:						
						Tel:
Medical Condition	Yes		No			Tel:
Medical Condition Details:						Tel:

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 deeme serious illness / accident. 	d necessary and to be taken to hospital in case of					
	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 numeracy. 	nt to the school administering diagnostic tests to my daughter, if necessary, to support the areas of literacy and acy.					
	Yes No No						
4.	ordinator may share / discuss this report with relevant teachers and a						
_	Yes No D						
5.	 I give permission for my child to participate in activities within walking curriculum. (Trips requiring transport will be consented separately). Yes □ No □ 	g distance of the school to support the school					
6.		e school's Aladdin data system.					
7.	I consent to my child being photographed / videoed by the school sta games, class activities etc.) on a no name basis.	ff while participating in school activities (concerts, choir,					
8.	Yes □ No □ 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 agree to ensure that my child abides by the school's Acceptable Use in my care to access the internet. I understand that internet access is it that every reasonable precaution has been taken by the school to presponsible if pupils access inappropriate websites. I understand the a and websites. Yes \(\subseteq \) No \(\subseteq \)	intended for educational purposes only. I also understand provide for online safety, but the school cannot be held ge restrictions associated with the social media platforms					
10	10. Does any legal order under family law exist in relation to your daugl school. Please make an appointment also to discuss this with the Prin Yes $\ \square$ No $\ \square$						
De	Declaration by the Parents/Guardians:						
-	I/We declare that we have provided <u>all</u> the relevant informa will be required for my/ our child to benefit fully from her ed	• •					
Pa	Parent/Guardian's Signature: Parent,	Parent/Guardian's Signature:					
D	Date: Date:	Date:					
Fo	For Office Use Only						
Dat	Date Application Received:						
Bir	Birth Cert. received \square Baptismal Cert received \square Proof of Add	Iress received □					