



## **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\_\_\_\_\_**

**Office Use Only: Date Application Received in the school: \_\_\_\_\_**

**Please note, that in accordance with the Enrolment Policy of Scoil Bhríde (Cailíní), children “whose fourth birthday occurs after 31<sup>st</sup> 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: \_\_\_\_\_

Child’s Religion: \_\_\_\_\_ Parish of Residence: \_\_\_\_\_

Place of child in family: \_\_\_\_\_ Ages of siblings: Sisters: \_\_\_\_\_ Brothers: \_\_\_\_\_

Names and ages of siblings in Scoil Bhríde schools: \_\_\_\_\_

**Mother’s Details:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Father’s Details:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is there a custody order/ legal agreement in relation to guardianship 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 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.

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### **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? \_\_\_\_\_

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### **SPECIAL NEEDS:**

Scoil Bhríde (Cailíní) does not discriminate against 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, **on acceptance of a place in Scoil Bhríde (Cailíní).**

Has your child ever been assessed by a psychologist/ speech and language therapist/ other professional? If so, please provide copies of same and inform the Principal **on acceptance of a place in Scoil Bhríde (Cailíní).**

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.

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### **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 Cert, a Baptismal Cert (if applicable) and two recent Utility Bills showing address.

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