



SCOIL BHRÍDE PRIMARY SCHOOL

Carrick Road, Edenderry, Co. Offaly.

Phone / Fax: 046-9773451

email: scoilbhrideedenderry@yahoo.com



Application for Enrolment

Pupil's Name:			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			PPS Number: Available from Dept. of Social & Family Affairs – Client Identity Section. Ph: (01) 7043281 / 7043418	
Date of Birth:			Religion:	Nationality:
Name of Parent(s) / Guardian(s)	1) (Mother)		Phone:	(Mother)
	2) (Father)		Phone:	(Father)
Occupations of Parent(s) / Guardian(s)	1) (Mother)		2) (Father)	
Please tick the year that you wish to enrol your child for. <input type="checkbox"/> Sept 2015 <input type="checkbox"/> Sept 2016 <input type="checkbox"/> Sept 2017 <input type="checkbox"/> Sept 2018 <input type="checkbox"/> Sept 2019 <input type="checkbox"/> Sept 2020	Please tick the class that you wish to enrol your child for. <input type="checkbox"/> Early Intervention ASD Pre-School Unit <input type="checkbox"/> ASD Junior Unit <input type="checkbox"/> ASD Senior Unit <input type="checkbox"/> Junior Infants <input type="checkbox"/> Senior Infants		<input type="checkbox"/> 1st Class <input type="checkbox"/> 2 nd Class <input type="checkbox"/> 3 rd Class <input type="checkbox"/> 4 th Class <input type="checkbox"/> 5 th Class <input type="checkbox"/> 6 th Class	
Pre-School Attended or Previous School & Class (If Applicable)				
Address of Pre-School or Previous School (If Applicable)				
Person(s) to contact (other than parents) in case of emergency e.g. child's sickness, etc	Name:		Name:	
	Address:		Address:	
	Phone:		Phone:	
Other Useful Information, etc.	Child's place in family	Brother(s) /Sister(s) in this school	Learning Difficulties	Family Doctor
	No. of Siblings in family	Special Needs	Medical Information (If necessary please continue overleaf)	

Private and Confidential

In our school we endeavour to provide the highest standards of pastoral care for your child. In order to achieve this objective successfully it is vital that the school be informed of any relevant situation regarding health, bereavement, domestic circumstances, learning difficulties, etc. Such information may be detailed above or alternatively you may contact the principal teacher or your child's class teacher directly. Any information will of course, be treated in the strictest confidence.

Data Protection

The information provided in this form is necessary for the work of the school and is confidential to the school. However, from time to time the school is asked to provide information to the Department of Education & Science, Health Board, etc to facilitate their work, e.g. relating to immunisations, sight and hearing tests and dental care, etc. Please sign below to confirm your agreement that your Child's Personal Details may be made available to these Government Departments / Agencies.

Please attach a copy of your child's **Birth / Baptismal Certificate** and any other reports that you consider appropriate to this enrolment form.

Signed: _____

Date: _____