



Enrolment Application Form

Male: Female:

Child's Name: _____ Child's PPS Number: _____

Address+Eircode: _____

Please supply proof of address e.g. household bill.

Date of Birth: _____ Child's Nationality: _____

Please attach copy of child's Birth Certificate to this Enrolment Application Form.

Mother's Name: _____ Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Nationality: _____ Father's Nationality: _____

Mother's Email: _____ Father's Email: _____

Family Religion: _____

Language Spoken at Home: _____ Child's ability to speak English: Excellent: Good: Poor:

Telephone: (Home): _____ Mobile No's: Mother: _____ Father: _____

Emergency/Work Contact No's: Mother: _____ Father: _____

Other: (Minder/Grandparent etc.) _____

Standard and Year requested: Junior Infants Senior Infants 1st Class 2nd Class
2019 2020 2021 2022

Playschool attended: _____

Any previous school(s) attended: _____

If you have any children already attending this school or Holy Trinity please provide details below:-

Child's Name	School	Class Teacher
_____	_____	_____
_____	_____	_____

ANY OTHER USEFUL INFORMATION

In order to give the best possible service and ensure every attention for the benefit of your child’s progress and education, we would appreciate the following information:-

List any problems your child may have in relation to health (allergies, epilepsy, asthma, sight, hearing, speech, fainting, etc.) Give details:-

—

Has your child ever been referred to any of the following – Speech Therapist, Eye/Ear Specialist, Child Guidance Clinic and Psychological Services? Give details:-

—

Any other relevant information you wish to include: (including Court Orders, which may affect your child’s school life?)

—

All the above will be dealt with in the strictest confidence

POD:

***To which ethnic or cultural background group does your child belong (please tick one):**

- | | | | | | |
|--------------------------------|--------------------------|---|--------------------------|---|--------------------------|
| White Irish | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> | Black or Black Irish-African | <input type="checkbox"/> | Black or Black Irish – Any other Black Background | <input type="checkbox"/> |
| Asian or Asian Irish - Chinese | <input type="checkbox"/> | Asian or Asian Irish - Any other Asian Background | <input type="checkbox"/> | | |
| Other (inc. mixed background) | <input type="checkbox"/> | | | | |

By signing this form I consent for the above information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____
Parent/Guardian

Date: _____

N.B. If any of the above information changes, we would appreciate if you could let us know.

The information received will be retained on your child’s file.

Receipt of this application form does not guarantee admission to Scoil Bhríde