

Scoil Bhríde

**Oldtown,
Naas,
Co. Kildare.**

Tel: 045 889562

Roll No. 20114D

Dear Parents

The following documentation must accompany the enrolment application form to be considered ‘**a complete application**’:

- 1) Copy of the child’s birth certificate
- 2) Proof of address in the form of a utility bill or bank statement (*top of statement showing Name, Address and Date*) in the name of one of the parents which must be dated no later than three months.

Please refer to Enrolment Policy 2020/2021 which is published on the school website www.scoilbhridenaas.com.

We trust that the above is of assistance to you.

Is mise le meas,

Íde Young
Principal
Scoil Bhríde

e-mail: scoilbhridenaas@eircom.net

Enrolment Application Form – 2020/2021

Scoil Bhríde

Roll No. 20114D

Oldtown, Naas, Co.Kildare

Tel: 045 889562

*Please complete **both sides** of this form and return to the school. Information on this side will be shared with the Primary Online Database of Department of Education and Skills.*

Pupil Surname: _____ **Pupil Forename:** _____ **Pupil Middle Name:** _____

Birth Cert Surname: _____ **Birth Cert Forename:** _____
(if different from name above) (if different from name above)

Pupil Address: _____

Pupil Gender: Male Female

Date of Birth: _____ **PPSN of Pupil:** _____

Nationality: _____ **Country of origin:** *(If family has moved from another country)* _____

Position in Family: *(1st, 2nd etc.)* _____ **Mothers Maiden Name:** _____

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes No

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

(categories are taken from the Census of Population)

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Black or Black Irish-African	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Roma	<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"/>	No consent to share with POD	<input type="checkbox"/>		

What is your child's religion?

Roman Catholic	<input type="checkbox"/>	Church of Ireland (incl. Protestant)	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>
Methodist, Wesleyan	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim/Islamic	<input type="checkbox"/>
Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Apostolic or Pentecostal	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Other Religion	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	No Consent to share with POD	<input type="checkbox"/>

Health: *(Has your child any medical condition which the school should be made aware of?)*

Special Needs: *(Has your child any special needs which may require extra resources?)*

Please include a copy of any psychological/speech etc. assessment reports when returning this form.

Class Level in which you wish your child to enrol: _____

Previous School (name and contact details): _____

Parents/Guardians

Mother's Name: _____ **Occupation:** _____

Father's Name: _____ **Occupation:** _____

Telephone Numbers:

Home: _____ **Work (Mother's)** _____ **(Father's)** _____

Mobile: **Father's** _____ **Mother's** _____

Email Address for school correspondence _____

Other Contact Persons *(Names of two people who may be contacted in an emergency situation)*

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Any other relevant information: _____

Signatures: _____ **Mother** _____ **Father** _____

Date: _____