



# Scoil Bhride N.S. Portlaoise

## Application for Enrolment

*(Please complete in block writing)*

Class for which you are applying: \_\_\_\_\_

Date you would like your child to start in school: \_\_\_\_\_

### Child's Details

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ EirCode: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_ (Please attach copy of birth certificate if you are emailing this application form. Otherwise please post a copy to the school with the enrolment form)

Child's PPS Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religion : \_\_\_\_\_

*If this child was born outside Ireland, please give the following details*

Year of arrival in Ireland: \_\_\_\_\_ Previous Education: \_\_\_\_\_

Level of English: \_\_\_\_\_

Is English the spoken language in the home Yes  No

Other Children currently in school or previously in school:

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Name: \_\_\_\_\_

Class: \_\_\_\_\_

**Family Details**

No. of Children in family: \_\_\_\_\_ Position of child in family \_\_\_\_\_

Father's/Guardian's Name & Mobile No. \_\_\_\_\_

Mother's/Guardian's Name & Mobile No. \_\_\_\_\_

Mobile Number school texts are to be sent to: \_\_\_\_\_

E-mail address for school correspondence: \_\_\_\_\_

Detail of any legal orders affecting family: \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency and both mother and father are out of telephone contact, either of the following can be contacted:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Health**

Family Doctor: \_\_\_\_\_

Phone No: \_\_\_\_\_

Please give details of any health problems or allergies that the school should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Please give details of hearing or sight defects: \_\_\_\_\_

Please give details of any speech or language difficulties: \_\_\_\_\_

Details of any medication prescribed for this child: \_\_\_\_\_

Does your child have any special needs: Yes  No

If Yes please give details: \_\_\_\_\_

Does your child have any behavioural difficulties: Yes  No

If Yes please give details: \_\_\_\_\_

If this child has attended any of the following please circle the relevant answer.

Speech Therapist Yes  No

Psychologist Yes  No

Social Worker Yes  No

Occupational Therapist Yes  No

Details of any other agency attended by the child: \_\_\_\_\_

***If there are written reports in relation to any of the above please provide the school with a copy with this enrolment form.***



I/we consent to the school including my child in group photographs for use on the school website.

Yes  No

I/we consent to in-school educational screening tests for my/our child eg. Belfield, Mist, Micra-T, Sigma-T.

Yes  No

I/we, the undersigned, confirm that I/we are aware that the data relating to this application will be kept on file in the school and consent to it being used by School Management in the election of Parents/Guardians to the school Board of Management.

Yes  No

I/we understand and confirm that I/we are aware that the school uses a secure Irish cloud-based management/pupil information system, called Aladdin Schools, to administer information relating to pupil data (eg. Contact details, attendance) and that in making this application I/we are consenting to its usage.

Yes  No

I/we understand & consent that the data on this form will be uploaded to the Department of Education and Skills Primary Online Database for pupils.

Yes  No

I/we are also aware & consent that the data may be disclosed, as appropriate, to

- The Department of Education and Skills
- The Health Service Executive
- First and second level transfer schools.
- Portlaoise Parish schools.

Yes  No

I/we have read and understood the above consents. I/we wish to enrol my/our child in Scoil Bhríde N.S. Portlaoise. I/we undertake to see that my/our child will attend school punctually and regularly. I/we undertake that I/we and my/our child will comply with all school rules and policies.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Please ensure you have completed all sections of the application form and attach/post a copy of your child's birth certificate.**  
**Incomplete applications will not be considered.**

**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_ Date of reply: \_\_\_\_\_

Place offered: Yes  No  Date offer accepted: \_\_\_\_\_

Date offer refused: \_\_\_\_\_ Enrolment date: \_\_\_\_\_

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

*Transfer from another school:*

Name of school: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_