

Scoil Bhríde

Clane

Co. Kildare

Principal: Mrs. Eimear Hennessy



e-mail: info@scoilbhrideclane.ie

Telephone: (045) 868614

Roll No.: 19797E

RCN No.: 20124960

Enrolment Form – Transfer from another school

Child's Surname: _____ Child's First Name: _____

Date of Birth: _____ PPS No: _____

Address at which child resides (include Post Code) :

Religion: _____ Nationality: _____

Language/s Spoken at Home: _____

Previous Playschool/Primary Schools attended: _____ Phone No: _____

Do we have consent to contact the preschool/School? Yes No

Class Applying For: _____ Intended Start Date: _____

Family Doctor's Name: _____ Doctor's Phone No.: _____

Has your child been referred to any of the following:

Speech & Language Therapist Yes No

Educational Psychologist Yes No

Clinical Psychologist Yes No

Optician Yes No

Hearing Clinic Yes No

If yes to any of the above, please give details and supply copy of latest report: _____

List any problems your child may have in relation to health (e.g. allergies, asthma etc.,) _____

Mother / Parent:

Name: _____

Occupation: _____

Mobile No.: _____

Work No.: _____

Father / Parent:

Name: _____

Occupation: _____

Mobile No.: _____

Work No.: _____

If you change your mobile number during the school year please inform us immediately as it is vital.

E-mail address to which school correspondence should be sent: 1. _____

Optional 2. _____

Marital Status: Married: _____ Single: _____ Other: _____

Do Both Parents Have Custody of Child? Yes No

If No Please give details: _____

If second separate communication is necessary (re school reports, Parent/Teacher Meetings, preparation for First Communion, Confirmation, discipline Etc..) please give relevant information:

Name: _____ Phone No.: _____

E-mail Address: _____

School Emergencies / Sickness / Unexpected Closures etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils.
- An unexpected closure of the school

If my child gets sick, or the school has to close unexpectedly etc. and there is no one at home / the school is unable to contact me, please provide the name, telephone number of two people you nominate for us to contact. We will ask this person to come and collect your child / children.

Name	Relationship to child	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please ensure you have enclosed the following:

1. A completed enrolment form.
2. Birth Certificate
3. Proof of address (utility bill dated within 3 months)
4. A copy of any reports
5. A signed Code of Discipline

I agree to co-operate with the School Authorities in all matters relating to School Discipline.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

If this application form is being signed by one parent only please read the following:

I _____ confirm that both parents of _____ is aware of and consents to this enrolment application to Scoil Bhríde Clane.

Ethnic Background	Please tick box	Religion	Please tick box
White Irish		Roman Catholic	
Irish Traveller		Protestant	
Roma		Evangelical	
Any other White Background		Christian Religion, not further defined	
Black or Black Irish-African		Church of Ireland (Anglican)	
Black or Black Irish – any other Black background		Presbyterian	
Asian or Asian Irish – Chinese		Methodist, Wesleyan	
Asian or Asian Irish – any other Asian background		Jewish	
Other (incl. Mixed background)		Muslim (Islamic)	
		Orthodox (Greek, Coptic, Russian)	
		Apostolic or Pentecostal	
		Hindu	
No Consent		Buddhist	
		Jehovah’s Witness	
		Lutheran	
		Atheist	
		Baptist	
		Agnostic	
		Other Religion	
		No Religion	
		No Consent	

I consent for all of this 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 her time in Primary School.

Signed: _____ (Parent/Guardian)

Date: _____