



St. Brigid's B.N.S.
Howth Road, Killester, Dublin 5
Phone 01 8336149



Email: info@stbrigidsbns.ie **Website:** www.stbrigidsbns.ie

APPLICATION FOR ADMISSION - OTHER CLASSES

This is an application form for admission and does not constitute an offer of a place, implied or otherwise.

Year September 2017 only		Class	
Pupil's Surname		Pupil's First Name	
Pupil's PPS Number		Date of Birth	
Address (Primary Residence)			
Religion		Home Telephone number	
Mother's Details	Name	Occupation (for Registration purposes)	Mobile Number
Father's Details	Name	Occupation (for Registration purposes)	Mobile Number
Email Address:			
Name and address of current school:			
Brothers/Sisters	Name	Age	School Attending
	1).....
	2).....
	3).....
	4).....

Completed enrolment forms may be submitted with relevant documentation to the Secretary at the school from **9th January 2017 up to and including 5 p.m. on 31st January 2017.**

The following items to accompany the application form:

- An original Birth Certificate
- Baptismal Certificate (if applicable)
- Proof of address showing name and address of Parents *(these must be dated in Nov/Dec 2016 or Jan 2017)

***Acceptable documents for Proof of Address: Original Utility Bill such as Electricity, Landline Phone, Gas, Cable TV, Broadband, Statement from Bank/Building Society/Credit Union, Letter from Dept. Social Protection/Revenue. Other official correspondence from an Irish State Agency. NB mobile phone and waste collection bills are not acceptable.**

P.T.O.

All of the information you provide in this Application Form is taken in good faith. If any of the information is incorrect, misleading or incomplete, then your application may be rendered invalid and any offer made regarding your son will be cancelled (even if you have accepted it).

We reserve the right to use any appropriate means to verify proof of primary residence.

Additional Information:

If your child has had any developmental difficulties/delays, and should you possess a professional report concerning such (e.g. reports on hearing, vision, speech and language or behaviour) we would appreciate a copy for our records. We may be able to access resource teaching hours from the Department of Education & Skills should your child be entitled to them.

Please give details: _____

If you have any concerns regarding your child's hearing, vision, speech and language, behaviour or health, but do not have professional reports, you should consult with your G.P. or visit your nearest Health Centre as soon as possible. (Reporting problems of this nature will not jeopardise your child's chance of a place in school.) If you have any queries or concerns about your son's development, please make an appointment to meet with the Principal as early as possible.

Medication:

Is your child on any long-term medication? _____

If Yes, please give details _____

Does your child suffer from any medical condition that may necessitate the administration of emergency medicine/treatment on the school premises? _____

I have read the school Enrolment Policy on the school's website, revised on 7th December 2016. I acknowledge that the only entitlement to an offer of a place is through the application of the criteria and requirements set out in the school Enrolment Policy. I confirm that all information given on this form and in any accompanying documents is true, accurate and complete. I guarantee that I will bring any change to any information up to and including 31st January 2017 to the attention of the school in writing as soon as I am aware of the changes.

Signature: _____ **Date:** _____
_____ **Date:** _____

- Copy of School Enrolment Policy is available on request from Secretary's office or on school website www.stbrigidsbns.ie

<u>FOR OFFICE USE ONLY</u>	YES	NO			
Birth Certificate					
Baptismal Certificate					
Proof of Address:	Elec/ Gas	Landline Telephone	Bank Statement	Revenue Letter	Other official correspondence from an Irish State Agency