



St. Brigid's B.N.S.
Howth Road, Killester, Dublin 5 D05A386
Phone 01 8336149



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

APPLICATION FORM FOR ADMISSION – Senior Infants – 6th Class

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

Year 2024.2025 only		Class	
Pupil's First Name		Pupil's Surname	
Home Telephone number		Date of Birth	
Address: (Primary Residence)			Eircode
Mother's Details	Name	Mobile Number	
Father's Details	Name	Mobile Number	
Email Address for Communication:			
EMERGENCY CONTACT DETAILS. Please make arrangements with 2 responsible adults (e.g. grandparents, aunts/uncles, close relations, neighbours) to act as emergency contacts in the event of the school not being able to contact you.			
NAME	RELATIONSHIP TO CHILD	PHONE NUMBER	
1.		Ph:	
2.		Ph:	
Name and address of current school:			
I give consent for St. Brigid's B.N.S. to contact my son's previous school			<input type="checkbox"/> Please Tick
Brothers/Sisters	Name	Age	School Attending
	1).....
	2).....
	3).....

Completed Application Forms must be submitted with relevant documentation to the Secretary at the school.

The following items to accompany the application form:

- An original Birth Certificate (will be copied and returned)
- Proof of address showing name and address of Parents *(these must be dated within 3 months of the application)
- Most Recent School Report

***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 additional support from the Department of Education should your child be entitled to same.

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/We have read and accept the school’s Admission Policy uploaded to the school’s website. I/We 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 Admission Policy. I/We confirm that all information given on this form and in any accompanying documents is true, accurate and complete. I/We guarantee that I/we will bring any change to any information provided on this form to the attention of the school in writing as soon as I/we become aware of any change. If this application is successful, I/we, the parents, agree to uphold and support all the school policies (which are ratified by the Board of Management). (Relevant policies are published on the school website – www.stbrigidsbns.ie)

Please Note: This application form must be signed by both Guardians.

Mother’s Signature: _____ **Date:** _____
(or Guardian)

Father’s Signature: _____ **Date:** _____
(or Guardian)

- Copy of School Admission 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					
Proof of Address:	Elec/ Gas	Landline Telephone	Bank Statement	Revenue Letter	Other official correspondence from an Irish State Agency
Most Recent School Report					