

SCOIL BHRIDE Application for Enrolment 2015-2016

Complete this form and enclose a copy of the child's birth certificate with the form.

1. Child's Name: _____
2. Class Applied For: _____
3. Date of Birth: _____ Gender: _____
4. Address: _____

5. Contact No.: _____
6. Nationality: _____ Country of Origin of Parents: _____
7. Religion: _____ 7. (a) Was the child baptised? _____
7. (b) What Parish? _____
8. P.P.S. No. _____
9. Brothers/Sisters that attend/ attended Scoil Bhride: _____
10. Current School: _____
10. (a) If the child is Transferring. Name and Address of Former School:

11. Any Health or other Problems you think we should know of: _____

12. Doctor: _____ Doctor No: _____
13. Medical Card No: _____ Emergency Contact No.: _____
14. No. Of Children in the Family: _____ Position of child in Family: _____
15. Mother's Name: _____ Father's Name: _____
Mobile No.: _____ Telephone No.: _____
16. Mothers Maiden Name: _____ Status: _____
(Married, Separated, Lone Parent, Cohabiting, etc)
18. Other Relevant Information:

Signed: Parent or Guardian: _____ Date: _____

Date Enrolled: _____ Class Teacher _____ Signed: _____

Medical Card No. required in case of hospitalisation of child. Please submit any relevant Psychological Reports, Speech Therapy Reports on enrolment,. A copy of the child's birth and baptismal certificates (if the child was baptised) are required on enrolment.

Do you give your consent to have your child's photo taken for use on the school newsletter or website? YES _____ NO _____.