

Address: Old Finglas Rd, Glasnevin, Dublin 11
Phone: 01-8376653

Email: stbrigid.glasnevin@gmail.com
Website: www.stbrigid.ie

Date Completed Application Form Received: _____



St. Brigid's School, Glasnevin Application For Enrolment Form

Pupil's Forename: _____ Pupil's Surname: _____

Date of Birth: _____ Please note, pupils must be 4 years old before the 31st May in the year in which they start school

Pupil's Address: _____ *EIRCODE: _____

(See <https://finder.eircode.ie/> for Eircode)

_____ Email address _____

Home Phone No. _____ Mobile Ph. No. _____

Parish: _____

BAPTISMAL Certificate given to school Yes NO BIRTH Certificate given to school YES NO

Parent's country of birth: _____ Child's country of birth: _____

Language spoken at home: _____ *PUPILS PPS No.: _____

Class Required: _____ Present School/Playschool _____

Name of Sister(s), if any present / previously in St. Brigid's. _____

Mother's Name: _____ Mother's Tel: _____

Father's Name: _____ Father's Tel: _____

Children with Special Educational Needs:

Please give a brief outline of any special educational needs in order that the school can access appropriate supports from the Department of Education/National Council for Special Education.

I have read and understood The Admissions Policy [here](#) (Please tick)

I agree to commit to the Behaviour & Discipline Policy (Please tick)

I understand that it is my responsibility to inform the school promptly of any change in contact details/circumstances

Have you enrolled your daughter in any other school? Yes No

If yes, please specify school name _____

Signature of Parent/Guardian: _____ Date: _____