



JUNIOR INFANT ENROLMENT- APPLICATION FORM SEPTEMBER 2024
Incomplete/Incorrect information will render this application incomplete.

Please complete the form using **BLOCK CAPITALS**

CHILDS DETAILS:

Child's First Name: _____	Child's Surname: _____ (as per birth Certificate)
Child's Address: _____	
Child's Date of Birth: _____	Child's Nationality: _____
Child's Place of Birth: _____	Language spoken by child at home: _____

PARENTS DETAILS:

Mother's First Name: _____	Fathers Name: _____
Mother's Surname: _____	Father's Surname: _____
Mother's Maiden Name: _____	Father's Mobile No: _____
Mother's Mobile No: _____	Landline Number: _____
Mother Email Address: _____	Father's Email Address: _____

Does your child have an older sibling/s currently Scoil Naomh Bríd: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Child: _____ Class Teacher: _____
Name of Child: _____ Class Teacher: _____
Name of Child: _____ Class Teacher: _____
Are you making application to any other schools in the area? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which school: _____

My child has attended Pre/Playschool: Yes No

If so, please provide the following:

Name of the Pre/Playschool: _____

Contact Number of Pre/Playschool: _____

I am happy for the school to contact the above Pre/Playschool if necessary to discuss your child's requirements:

Yes No

We, the undersigned, confirm that the information supplied is correct and that we are aware that the data relating to this application will be kept on file in the school.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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

I, _____ confirm that both parents of _____ is aware of and consents to this enrolment application to Scoil Naomh Bríd, Celbridge.

Date of application: _____

For office use only: Birth Certificate: Utility Bills: Date Received: _____

Signature: _____