



JUNIOR INFANT ENROLMENT- APPLICATION FORM SEPTEMBER 2026

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: _____

Eircode: _____

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: _____ Mother's Email Address: _____

Father's Email Address: _____

Does your child have an older sibling/s currently Scoil Naomh Bríd: Yes No

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 No

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 Bill:

Signature: _____

Date Received: _____

