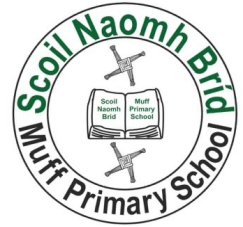


Scoil Naomh Bríd

Application for Admission of New Pupils Year 2024/2025



Name of Child: _____

Date of Birth: _____ Father's Name: _____

Mother's Name: _____ Maiden Name: _____

Home Address: _____

Tel. No: Home: _____ Work: _____ Mob: _____

Religious Denomination: _____

Date & Place of Baptism: _____

Name of Family Doctor: _____ Tel: _____

Irish Version of Child's Name: _____

(Otherwise School will translate)

1. Do you give permission to take your child straight to hospital in case of serious illness or accident? _____
2. Does any legal order under Family Law exist that the school should know about? _____
If yes, you must make the school aware of how this affects your child.
3. Does your child have any medical or other condition e.g. allergies, epilepsy, asthma, sight, hearing, speech, etc.? _____
4. Has your child ever attended speech therapist/psychologist/ any other services? _____
When? _____

Remember to attach: a) Birth Certificate _____ b) Baptismal Certificate _____

If correspondence, school reports, etc. should be sent to a second parent at a different address, please state name, address & telephone number below:

Name: _____

Address: _____

Tel. No: _____

Who are the legal guardians of the child? _____

The Stay Safe and RSE (Relationship & Sexuality Education) Programmes are taught in the school. You will be notified when the sensitive issues lessons of these programmes are to take place.