

**SCOIL BHRIDE KILBRIDE CLONEE CO MEATH
ENROLMENT APPLICATION FORM**

A separate form must be completed for each child

Junior Infant enrolment during enrolment week 09.00 January 14th to 18th 2019

Child's Forename: _____ Surname (as on birth cert): _____

Child's Gender: Male Female PPSN of Child: _____

Child's Date of Birth: _____

Child's Nationality (In the case of dual citizenship please specify both nationalities): _____

Child's Religion: _____

E-Mail: _____

(Electronic versions of letters and notifications are sent to parents/guardians)

Father's Full Name: _____ Mother's Birth Cert Name: _____

Contact number/s: _____ Contact number/s: _____

Address at which the child normally resides:

Siblings attending this school: Name/s & Class/es:

Name: _____ Class: _____

Name: _____ Class: _____

If your child was born outside of Ireland please give the following additional details:

Date of arrival in Ireland: _____ Is English language tuition required? Yes / No

CHECKLIST

Have you attached the following to /enclosed with this form:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Copy of child's Birth certificate | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Proof of address in the form of a utility bill in the name of one of the parents dated no later than three months prior to the 17th January 2019 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you signed the declaration and dated this application form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

We the undersigned, confirm that the information supplied is correct; that we are aware that the data relating to this application will be kept on file in the school and will be used by the school in the election of Parents/Guardians to the school's Board of Management.

We consent to the information on ethnical/cultural background and religion, which is sensitive personal data being processed and stored by the school on the Primary Online Database (POD) and transferred to the Department of Education and Skills.

We are also aware that the data will be disclosed, as appropriate, to the health services.

Signature of Parents / Guardians:

Signed: _____ Date: _____

Signed: _____ Date: _____