

# Scoil Bhríde, Cill Bhríde

Clonee, Co. Meath.

Telephone/Fax: 01-8216359/01-8220593

Email: info@scoilbhridens.ie

Web: http://www.scoilbhridens.ie

Roll No: 168250

Principal: *Julie Dowd*

Deputy Principal: *Sheila Dempsey*



## REGISTRATION FORM

<b>Please complete in BLOCK CAPITALS</b>	<b>CLASS:</b>
<b>Pupil's Name</b>	<b>Name in Irish: (Optional)</b>
<b>Date of Birth:</b>	<b>Male/Female</b>
<b>P.P.S. Number:</b>	<b>Country of Birth:</b>
<b>Address:</b>	<b>Nationality:</b>
	<b>If born outside the country, Year of arrival in Ireland</b>
<b>Eircode:</b>	<b>Language spoken in the home:</b>
<b>Parent/Guardian Details</b>	<b>Parent/Guardian Details</b>
<b>First Name:</b>	<b>First Name:</b>
<b>Last Name:</b>	<b>Last Name:</b>
<b>Relationship to child:</b>	<b>Relationship to Child:</b>
<b>Phone No (Home) :</b>	<b>Phone No: (Home)</b>
<b>Phone No (Work):</b>	<b>Phone No (Work):</b>
<b>Phone No (Mobile):</b>	<b>Phone No (Mobile):</b>
<b>Email Address:</b>	<b>Email Address:</b>
<b>Names of brothers/sisters in this school:</b>	
<b>It is school policy to pass on the above information excepting religion and Ethnicity to the Department of Education and Skills</b>	
<b>Please tick</b>	<b>Yes</b> <b>No</b>

**Relevant Medical Information:**

**Family Doctor:**

**Phone No:**

**Any medical concern/information of relevant? (Use a separate sheet if required)  
In the event of your child having a medical concern please contact the school for an appointment with the Principal before the end of June.**

**Has your child any Special Educational Needs?**

**In the event of your child having any special educational needs please contact the school's Special Education Needs Organiser before the end of June.**

Are there any orders or other arrangements in place governing access to or custody of your child?	Yes	No
The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.		
Name of Previous School/Pre-school:		
Address:		
Principal's Name:		Phone No:
Additional local contact names, to be contacted in emergencies (Not the same as above)		
Please Tick	Yes	No
Have you attached a Birth Certificate for your child?		

<b>SCHOOL USE ONLY</b>
If the language spoken at home is <b>NOT</b> English, an Appointment with our E.A.L. (English as Another Language) teacher is required.
Date of Appointment: _____ Time: _____
Teacher: _____