



Saint Brigid's Girls' National School, Turret Road, Palmerstown, Dublin 20.

Principal: A.O'Shea Roll 18324C RCN 20119751 Tel: 01 626 5431
Email: stbrigidsgns@gmail.com Website: www.stbrigidspalmerstown.com

Application for Admission 2022/2023 (Please complete front and back)

NON SENSITIVE DATA FOR OFFICE USE & TRANSFER TO DEPARTMENT OF EDUCATION PRIMARY ONLINE DATABASE (POD)

Child's First Name: _____ (As per Birth Certificate)	Date of Birth: _____
Child's Surname: _____ (As per Birth Certificate)	PPS No: _____
Address: _____ _____ _____	Nationality: _____
EIRCODE: _____	If your child was born outside of Ireland please indicate the year of arrival in Ireland: _____
	Is English or Irish spoken at home? English: Yes / No Irish: Yes / No If 'No' to both please name which language(s) are spoken in the home: _____

CONTACT DETAILS PROVIDED WILL BE USED AND STORED BY SCHOOL OFFICE FOR COMMUNICATION PURPOSES

Mother's Name: _____	Father's Name: _____	
Mobile No.: _____ Work No.: _____	Mobile No.: _____ Work No.: _____	
Number of children in family: _____	Position in family: _____	Religion: _____
Name of sisters (if any) in St. Brigid's Name: _____ Class: _____	Name of brothers (if any) in St. Lorcan's Name: _____ Class: _____	
<input type="checkbox"/> Early Start <input type="checkbox"/> Montessori <input type="checkbox"/> Playschool <input type="checkbox"/> Previous Primary School (if non junior)	Name/Address of school/preschool: _____ Present Class Level (if non junior): _____	
I give permission to Aideen O'Shea to discuss the needs of my daughter with the Manager/Principal of the school/preschool listed above:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your daughter have Special Needs or health problems / Learning/Emotional/Behavioural/ Speech and Language etc. if so please specify and attach applicable reports: _____ _____		

Does a legal order exist or is there a legal agreement in relation to guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please give details / Include copies of relevant court orders _____ _____

Please indicate any medical information, condition or allergies your daughter may have that the school should be aware of: _____ _____
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Signed: _____
Parent(s)/Guardian(s)

Date: _____



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SENSITIVE DATA FOR TRANSFER TO DEPARTMENT OF EDUCATION PRIMARY ONLINE DATABASE (POD)

Child's Name: _____	Child's date of birth: _____
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Please indicate which of the following applies to your child. Please tick one option in each section.

RELIGION – Please tick only **ONE** of the following

Roman Catholic <input type="checkbox"/>	Church of Ireland <input type="checkbox"/>	Jewish <input type="checkbox"/>
Methodist, Wesleyan <input type="checkbox"/>	Presbyterian <input type="checkbox"/>	Hindu <input type="checkbox"/>
Muslim(Islamic) <input type="checkbox"/>	Orthodox (Greek, Coptic, Russian) <input type="checkbox"/>	Buddhist <input type="checkbox"/>
Jehovah's Witness <input type="checkbox"/>	Apostolic or Pentocostal <input type="checkbox"/>	Lutheran <input type="checkbox"/>
Atheist <input type="checkbox"/>	Baptist <input type="checkbox"/>	Agnostic <input type="checkbox"/>
No Religion <input type="checkbox"/>	Other Religions <input type="checkbox"/>	No Consent <input type="checkbox"/>

ETHNIC/CULTURAL BACKGROUND – Please tick only **ONE** of the following

White Irish <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>
Roma <input type="checkbox"/>	Any other White Background <input type="checkbox"/>
Black African <input type="checkbox"/>	Any other Black Background <input type="checkbox"/>
Chinese <input type="checkbox"/>	Any other Asian Background <input type="checkbox"/>
Other (incl. Mixed Background) <input type="checkbox"/>	No Consent <input type="checkbox"/>

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in Primary School.

Signed: _____
Parent(s)/Guardian(s)

Date: _____