



**Scoil Bhríde**  
**Fourmilehouse,**  
**Roscommon**  
**Co. Roscommon**  
**F42WF25**

**Tel: 090 66 29570**

*Email: [office@scoilbhridefmh.ie](mailto:office@scoilbhridefmh.ie)*

*Roll No: 19815D*  
*RCN: 20134044*

### **APPLICATION FORM FOR ADMISSION**

Child's Name: \_\_\_\_\_

Child's name on birth cert  
(if different to above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

P.P.S.N. \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Eircode: 

--	--	--	--	--	--	--

(See <https://finder.eircode.ie/> for eircode)

Religion: \_\_\_\_\_

Ethnic/Cultural background: \_\_\_\_\_

Pupil's Mother Tongues (languages spoken at home) \_\_\_\_\_

Previous Primary School/Pre-School  
(if applicable): \_\_\_\_\_

Previous Class (if applicable): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

**APPLICATION FORM FOR ADMISSION**

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person to contact if parent(s) can't be contacted:

Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

**Please note any allergies, phobias, illness, medication or special needs that may affect your child while at school. It is imperative, if your child has special needs or a medical condition, that this information is notified to the school immediately.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please enclose/attach a copy of your child's **birth certificate**.

*In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I am aware that all school policies including policies on behaviour, attendance, child-protection etc. are available on request. I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.*

*I understand that this form is only an Application for Enrolment and does not guarantee my child a place in the school.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software service application which is owned and run by Cloudware Ltd (t/a Aladdin Schools), from where the data is only processed for the above purpose.

**IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.**