



**Brookfield, Dublin 24. Telephone: 451 4700**

**Email: [secretary@stbrigidsbrookfield.ie](mailto:secretary@stbrigidsbrookfield.ie)**

**Application Form – ASD Class**

<b>Application Date:</b> _____		<b>Enrolment Date:</b> _____	
Name of Pupil: _____		PPS No.: _____	
Date of Birth: _____		Nationality of Child: _____	
Ethnic/Cultural Background (Please X relevant option)			
White Irish ___	Irish Traveller ___	Other White Background ___	
Black African ___	Any other black background ___	Chinese ___	
Any other Asian background ___	Roma ___	Other _____	
Address: _____			
Home Telephone No.: _____		Mobile: _____	
Email address: _____			
Class in which child will be enrolled: _____			
Former School and Address: _____ _____			
Father's Name: _____		Mother's Name: _____	
Address: _____ (If different from pupil)		Address: _____ (If different from pupil)	
_____		_____	
_____		_____	
Phone: _____		Phone: _____	
If other members of the family already attend St. Brigid's J.N.S. please state:			

Brother/s:  
\_\_\_\_\_

Sister/s:  
\_\_\_\_\_

Copy of Birth Certificate ( ) as per Department of Education & Science Ruling

**Contact Numbers**

Alternative Contact Numbers (not your own number). Please let us know if this person is a relation, minder, friend of a family etc.

(1) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Should any of these numbers change while your child is attending this school please inform us immediately.

In the event of an emergency, should we fail to contact you, do you give permission for the school to call an ambulance? Yes ( ) No ( )

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Does your child have any medical concerns, allergies, health issues that you are aware of that could affect them in school?

Yes \_\_\_ No \_\_\_

If yes, please outline needs: \_\_\_\_\_

**Parents contribution to resources for children's learning is 35 euro.**

**Please read each statement and initial the box beside it if you agree:**

I will abide by St Brigid's JNS's attendance policy and make sure my child is in school on time every day.	
I give my consent to allow St. Brigid's J.N.S. to pass on professional reports and relevant information to other staff involved.	
In the event of my child transferring to another school I consent to the forwarding of all school records and reports to my child's new school.	
I agree to support all school policies including: Code of Behaviour and Anti bullying Policy.	
My child may participate in the Walk Tall programme.	
My child may participate in the RSE programme.	
My child may participate in the Stay Safe programme.	
I have no objections to picture's or videos being taken of my child at school related events and for these images to be on the school website or other school related displays/brochures.	
If my child has a toileting accident in school I give permission for staff members to support my child changing clothes if necessary.	
My child can use computers, mobile devices and the internet for educational purposes and subject to the acceptable use policy of the school.	
I give permission for St. Brigid's school to contact my child pre-school to discuss my child's needs.	
I have read St Brigid's JNS policy for admission to the ASD class.	
During my child's time in St Brigid's JNS, he/she may visit the Multi-sensory room, computer room, library or other resources within the school outside the mainstream classroom.	

**Signed: \_\_\_\_\_ Parent/Guardian**

