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Date Completed Application Form Received (office use only): _____



St. Brigid's School, Glasnevin Application For Enrolment Form 2024-2025

*Pupil's Forename: _____ *Pupil's Surname: _____

*Date of Birth: _____

Please note, pupils must be 4 years old before
the 31st May in the year in which they start school

*Pupil's Address: _____

*EIRCODE: _____

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

*Birth Certificate provided to school: Yes No *Currently residing in Ireland: Yes No

Parent's country of birth: _____ Child's country of birth: _____

Language spoken at home: _____ *Pupils PPS No.: _____

Class Required: _____ *Present School/Playschool: _____

Name of Sister(s), if any presently / previously in St. Brigid's: _____

Mother's Name: _____

Mother's Mobile & Email: _____

Father's Name: _____

Father's Mobile & Email: _____

Please give a brief outline of any needs or concerns you may have in relation to your child in order that the school can access appropriate supports from the Department of Education/National Council for Special Education.

*I have read and understood The Admissions Policy (Please tick)

*I agree to commit to the Behaviour & Discipline Policy (Please tick)

*I understand that it is my responsibility to inform the school promptly of any change in contact details/circumstances

*Have you enrolled your daughter in any other school? Yes No

If yes, please specify school name _____

*Signature of Parent/Guardian: _____ *Date: _____

***Denotes mandatory fields**