



St. Christopher's Primary School
Haddington Road, Ballsbridge, Dublin D04 FP20.

Web: www.stchristophersprimarieschool.ie
Telephone: 00353 1 668 1155
Email: Principal@scps.ie

Application Form

Confidential

Name of child as on Birth Certificate:

Male Female PPS number: _____

Date of Birth: _____ Intended start date: _____

Year to be enrolled _____ Class applying for _____

Address: (Please enclose a utility bill as proof of residence)

Home Phone Number: _____

For Office Use:
Date Received

Class _____

Register No.: _____

Other: _____

Nationality: _____ Country of Birth _____

If other than Ireland please state date of arrival in Ireland: _____

Religion: _____
(If applicable, please enclose a Baptismal Certificate)

Siblings currently in St. Christopher's Primary School or previously in St. Brigid's PS or St. Mary's BNS:

Name _____ Class _____

Name _____ Class _____

Is either parent a Past-pupil of St. Brigid's Primary School or St. Mary's BNS? Yes No

Details of Parents

	Parent 1	Parent 2
Name		
Address		
Email address (please print)		
Contact number		
Emergency contact number		
Nationality		

Languages spoken at home: _____

Has your child attended school or playschool previously? Yes No

If, yes please state the name of the school: _____

(Reports from previous school should be included with this application).

Please ensure that you have included the following with your application.

1. Fully completed application form
2. Birth Certificate
3. Baptismal Certificate (if applicable)
4. Copy of a utility bill
5. Reports from a previous school (if applicable)

Office Use Only

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>

I/we consent for this information to be stored on the **Primary Online Database (POD)** and transferred to the Department of Education & Skills and to other primary schools my child may transfer to during the course of their time in primary school. I understand this will only be commenced if my child is accepted into the school.

Signed: _____ Date: _____ Parent/Guardian

Personal Information

All information in this form will be treated in the strictest of confidence.

Name of child: _____

Date of Birth: _____ Male Female

Address: _____

Has your child any **medical condition/known allergies** that the school should be aware of?

Yes No

If yes, please state the name of the **condition/allergy**.

Has your child attended a **speech therapist**? _____
If yes, please give further details

Has your child attended an **occupational therapist**? Yes No

If yes, please give further details:

Has your child attended an **educational psychologist**? _____

If yes, please give further details: _____

Accident Form

In the event of _____ (pupil's name) requiring medical attention for any reason during school or during any activities under supervision of the school, I consent to his/her referral to such doctor or hospital authority as the school authorities shall see fit.

I also consent to the Doctor or Hospital Authority concerned carrying out such treatment or operative measures as may be considered necessary, including the administration of general or other anaesthetics.

I understand that the school authorities will make every effort to contact me first.

My child is allergic to: _____

I give my consent:

Signed: _____

Parent/Guardian Date: _____

I do not consent:

Signed: _____

Parent/Guardian Date: _____