



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

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

## Application Form 2024-2025

PLEASE COMPLETE IN BLOCK CAPITALS

For Office Use Only

Date Received:	.....
Acknowledged:	<input type="checkbox"/>
Aladdin:	<input type="checkbox"/>
Birth Cert:	<input type="checkbox"/>

### Personal Details

Surname (as on Birth Cert): \_\_\_\_\_

Forename (as on Birth Cert): \_\_\_\_\_

Name by which child is commonly known: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Child's PPSN \*: \_\_\_\_\_ \*required Class Applying For: \_\_\_\_\_

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

\_\_\_\_\_ Eircode\*:              
 \*required

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

### Parent Details

Parent 1: _____	Parent 2: _____
Address: _____	Address: _____
_____	_____
Contact No: _____	Contact No: _____
Email Address: _____	Email Address: _____
Emergency Contact No: _____	Emergency Contact No: _____
Nationality: _____	Nationality: _____
In the event of neither parent being available, please give <b>name and phone number</b> of person to contact in an emergency: _____	

## Additional Information

Languages spoken at home: \_\_\_\_\_

Has your child attended Pre-School/Montessori or School previously? Yes  No

If, yes please state the name of the school: \_\_\_\_\_

Place of child in the family: \_\_\_\_\_

Names of siblings in St Christopher's Primary School:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Details of any particular medical problems or allergies:

\_\_\_\_\_

Any other relevant information that will help your child settle in school:

\_\_\_\_\_

Additional information which you feel may be of relevance to the school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

1. Fully completed application form
2. Birth Certificate
3. Copy of utility bill