



# COLÁISTE BRÍDE

## ***DECLARATION OF INTEREST FOR SEPTEMBER 2019***

**(ONLY FULLY COMPLETED FORMS WILL BE PROCESSED)**

Student's Surname: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

\_\_\_\_\_

Parents e-mail address: \_\_\_\_\_

Name and Address of Guardian or Foster parents if applicable:

\_\_\_\_\_

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

Student's PPS Number: \_\_\_\_\_ House Phone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Mobile No.: \_\_\_\_\_

Father's Address if different from above: \_\_\_\_\_

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

Mother's Mobile No. : \_\_\_\_\_

Mother's Address if different from above: \_\_\_\_\_

Religion: \_\_\_\_\_ Travel by school bus (Not town bus) Y/N \_\_\_\_\_

Name and Telephone number of person other than guardian to contact in case of an emergency:

\_\_\_\_\_

Name of Primary School currently attending \_\_\_\_\_

**OVER →**

Medical Details: \_\_\_\_\_

Procedures: \_\_\_\_\_

Medical Card Y/N: \_\_\_\_\_

Has your daughter/ward been educationally/psychologically assessed? Y/N \_\_\_\_\_

Has your daughter/ward any Special Educational Needs that the school should be made aware of? Y/N \_\_\_\_\_

\_\_\_\_\_

Has your daughter/ward ever received any extra academic help during primary school?

e.g. learning support/resource Y/N \_\_\_\_\_

Has your daughter/ward been granted an exemption from the study of Irish? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE ATTACH A COPY OF ALL PROFESSIONAL REPORTS/DOCUMENTS**

Sisters in Coláiste Bríde at present Y/N: \_\_\_\_\_

Sister's Name: \_\_\_\_\_ Class: \_\_\_\_\_

If the student's sister is a past pupil of Coláiste Bríde please provide the information required below:

Sister's Name as used in Coláiste Bríde \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Leaving: \_\_\_\_\_

If the student's mother is a past pupil of Coláiste Bríde please provide the information required below:

Name as used in Coláiste Bríde: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Leaving: \_\_\_\_\_

**Signature of Parent(s)/Guardian:** \_\_\_\_\_

**Signature of Pupil:** \_\_\_\_\_

**N.B. Information given on this form will be computerised and held under the Data Protection Acts 1988 and 2003 for use in the provision and administration of educational services only.**

**This form must be submitted at our school office before 4.00pm, Thursday, November 8th, 2018.**

**Should there be an insufficient number of places available, an independently monitored random selection process will be used to determine those applicants who will be accepted (see admissions policy). This will be held in the school on Thursday, November 15<sup>th</sup>, 2018 at 7.00pm. You are welcome to attend.**