

# Scoil Naomh Bride

Tel: 053 9127314

Email: [seoirigidans@eircom.net](mailto:seoirigidans@eircom.net)

**Blackwater,  
Enniscorthy,  
Co. Wexford.**

## APPLICATION FORM

Name of child: \_\_\_\_\_ PPS Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

No of Children in family: \_\_\_\_\_ Place in family: \_\_\_\_\_

Parents Details:

	Mother	Father
Name:		
Email address:		
Contact Number:		
Occupation		

Child's interests: \_\_\_\_\_

School attended previously (if any / reason for transfer): \_\_\_\_\_

Present class: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Any illness / allergies etc your child may be suffering from/or may have suffered from:

\_\_\_\_\_  
\_\_\_\_\_

Any emotional or other relevant information you would like to bring to our notice:

\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, where neither parent can be contacted do we have permission to take your child to hospital? Yes / No

There may be the rare occasion when an exceptional closure of the school may be unavoidable. In this event it would be necessary to send your child home. In order to facilitate this, and to ensure each child's safety, please nominate two contacts who would take responsibility for him/her in the event of your absence from home.

Nominee's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

Nominee's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

I have attached a copy of my child's birth certificate

I have completed/signed the attached appendix to the enrolment policy

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

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

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## APPENDIX TO ENROLMENT POLICY

Scoil Naomh Bríde is a Catholic school whose school plan is underpinned by its Catholic ethos. Our aim is to provide a safe, happy learning environment where children's emotional, psychological, physical and moral development is catered for, in addition to their academic progress. The school promotes and expects from its pupils, a tolerance of different religious beliefs, and of those with no religious beliefs.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

**1. I wish my child to be instructed in the Catholic Faith:**

We / I understand that Scoil Naomh Bríde is a Catholic School and wish our / my child to be taught the Catholic faith:

Yes  No

If yes, **please sign here** \_\_\_\_\_

(You need continue no further)

**2. Respect for the beliefs of others:**

- i. We / I understand that there is no compulsion on our / my child to take part in the Religious Education classes in school.
- ii. We / I understand that, given the lack of supervisory resources in a school the size of Scoil Naomh Bríde, it will not be possible for our / my child to be outside the classroom during these lessons.
- iii. While we/I do not wish our / my child to be taught the Catholic faith, we /I respect the rights of other children to do so and we / I will ensure that our / my children do or say nothing that would undermine or compromise this basic right to religious expression.

**Signature of Parents / Guardians:** \_\_\_\_\_

**3. Permission to remove child from school during R.E time:**

We/I understand that we / I have the right if we / I wish to take our / my child(ren) out of the school at ..... each day, returning him / her/ them at ..... for the resumption of classes.

We / I wish to exercise this right.

**Signature of Parents / Guardians:** \_\_\_\_\_

**ALL PARENTS / GUARDIANS ARE REQUIRED TO SIGN THE APPROPRIATE PART OF THIS FORM AND RETURN TO THE SCHOOL OFFICE.**