**St Brigid’s N.S**

Meath Hill,

Drumconrath,

Navan,

Co Meath.

Email: meathhillns7@gmail.com

Website: stbrigidsmeathhill.ie

Phone No: 042 9667819

Roll No: 17220i

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| Application for Admission to Junior InfantsSchool Year 2024-2025 |
| General Information about your Child |
| \*Childs first name: | \*Surname: |
| \* Childs PPS No: | \*Date of Birth: | \*Gender: |
| \*Home Address:Eircode |
|  |  |  |  |  |  |  |  |  |
|  \*Name of Pre-school attended  |
| General Information on Parents/Guardians |
| \*Parent/Guardian: | \*Parent/Guardian: |
| \*Mothers Maiden Name: | \*Name: |
| Address: (if different from child’s) | Address: (if different from child’s) |
| \*Mobile Number: | \*Mobile Number: |
| \*Email Address: | \*Email Address: |

Does your child have any speech and language problems or any other known learning difficulties?

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Has your child attended any outside agency for support such as speech therapist/physiotherapist/psychologist. If so please give details.

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Does your child have any hearing difficulties?

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Arrangements to be made if the child is ill in School.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Family Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission to take the child straight to your Doctor in the event of being unable to contact parents within a reasonable time?

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\*Please attach Birth Cert \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our school maintains a database of photographs and digital images including videos of school events. It is customary to take  photos and videos of students engaging in activities to create a pictorial and historical record of school life and as a means of presenting projects and work done. Photographs and videos may be published on our new school website, newsletters, calendars and local and national newspapers. In the case of electronic images student’s names will not be recorded with the picture.

We seek your permission to allow our school to use these at the discretion of the school authorities in school publications website and school blog. If you do not wish to consent to the above, please inform the school in writing during the first week of the school **year.**

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| **Declaration:**I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use as described. |
| Parent/Guardian’s Signature: | Parent/Guardian’s Signature: |
| Date: | Date: |

 Office use only

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| --- | --- | --- | --- | --- | --- | --- |
| Date ApplicationReceived | d | d | m | m | y | y |
|  |  |  |  |  |  |