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

**Application Form for Early Start 2023-2024**

**St. Brigid’s Infant School, Wellmount Avenue, Finglas West, Dublin 11**

Office: 01-8348770/ 01-8569760 Home School Liaison: 086-3705773

|  |  |
| --- | --- |
| **Pupil’s First Name** |  |
| **Pupil’s Middle Name**  |  |
| **Pupil’s Surname**  |  |
| **PPS Number** *(we cannot accept an application without a valid PPS number)* |  |
| **Date of Birth**  |  |
| **Gender**  | **Male Female** |
| **Address**  |  |
| **Eircode** |  |
| **Contact Email Address** |  |
| **Mother/Guardian’s Name**  |  |
| **Phone Number**  |  |
| **Father/Guardian’s Name**  |  |
| **Phone Number**  |  |
| **Has your child attended any other pre-school setting?** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of emergency contact person/s** |  |
| **Relationship to child** |  |
| **Phone Number** |  |

**We require THREE contact numbers for a valid application**