

Date received: _____



Early Start APPLICATION 2025-2026

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

Office: 01-8348770/ 01-8569760

Pupil's Full Name as on birth cert	
Date of Birth	
Address	
Eircode	
PPS Number ESSENTIAL	
Mother/Guardian's Name	
Mother's email address	
Mother's Phone Number	
Father/Guardian's Name	
Father's email address	
Father's Phone Number	
Is your child toilet-trained? Children must be toilet-trained before starting	
Has your child attended a pre-school setting?	
Please include details of any other adults who have permission to collect your child from Early Start	
Name	
Relationship to child	
Phone Number	

Please remember to let us know if any of the contact names or phone numbers you have provided change.

<p>Do you have any concerns about your child's development in the following areas? <i>(Please attach any relevant reports)</i></p>	<p>Hearing</p> <p>Vision</p> <p>Gross motor skills</p> <p>Fine motor skills</p> <p>Speech & language</p> <p>Eating</p> <p>Sensory difficulties</p> <p>Developmental delay</p> <p>Overactivity</p> <p>Medical</p> <p>Any other additional needs?</p>
<p>Toilet-training</p> <p>Does your child have any allergies?</p>	<p>Please note that children must be toilet-trained to take a place in Early Start</p>
<p>Preference THIS DOES NOT GUARANTEE A PLACE</p>	<p>Morning group Afternoon group (if available)</p>
<p>Parent's signature: _____ Date: _____</p>	

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