

Application Date: _____

Application Form for Junior Infants 2027-2028

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

Office: 01-8348770/ 01-8569760

Home School Liaison: 085-1879543

Pupil's First Name	
Pupil's Middle Name	
Pupil's Surname	
PPS Number <i>we cannot accept an application without a valid PPSN</i>	
Date of Birth	
Gender	Male Female
Address	
Eircode	
Contact Email Address	
Mother/Guardian's Name	
Phone Number	
Father/Guardian's Name	
Phone Number	
Did your child attend Early Start in this school?	
Are any siblings enrolled in this school?	
Are any siblings enrolled in St Fergal's BNS or St Brigid's Senior GNS?	
Name of emergency contact person/s	
Relationship to child	
Phone Number	

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

Application Date: _____

Application Form for Early Start 2027-2028

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Office: 01-8348770/ 01-8569760

Home School Liaison: 085-1879543

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Pupil's Middle Name	
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PPS Number <i>(we cannot accept an application without a valid PPS number)</i>	
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	

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