

Belgrove Junior Girls' School
Seafield Road
Clontarf
Dublin 3
Telephone: 01 833 2459
Email: secretary@belgrove.ie
Website: www.belgrove.ie



Scoil Eoin Baiste Cailíní Sóisir
Bóthar Ghort na Mara
Cluain Tarbh
Baile Átha Cliath 3

Principal: Patricia O'Donoghue
Deputy Principal: Máire Duffy
Chair, Board of Management: Brendan Smith

Enrolment Application Form

Child's Name: _____ Child's PPS Number: _____

Address: _____

Please supply proof of address e.g. household utility bill.

Date of Birth: _____

Please attach copies of your child's Birth Certificate and Baptismal Certificate to this Enrolment Application Form.

Father's Name: _____ Mother's Name: _____

Father's Occupation: _____ Mother's Occupation: _____

Child's Nationality: _____ Language Spoken at Home: _____

Telephone No. (Home): _____

Emergency/Work Contact Numbers: _____

Parish: St Anthony's St Gabriel's St John's Other/Please name: _____

Standard and Year requested: Junior Infants Senior Infants First Class

2010 2011 2012 2013 2014 2015

Any previous school attended

Please give school name and class

If you have any children already attending any of the Belgrove Schools please provide details below: -

Child's Name	School	Class Teacher
_____	_____	_____
_____	_____	_____

Arrangements to be made
if your child is ill in school: _____

Do you give permission to take your child straight
to hospital in case of serious illness or accident? _____

SIGNED: _____ DATE: _____
Parent/Guardian

/Continued overleaf

ANY OTHER USEFUL INFORMATION

In order to give the best possible service and ensure every attention for the benefit of your child's progress and education, we would appreciate the following information: -

List any problems your child may have in relation to health (allergies, epilepsy, asthma, sight, hearing, speech, fainting, etc), toilet training, inability to cope with buttons, laces, etc. Give details: -

Has your child ever been referred to any of the following - Speech Therapist, Eye/Ear Specialist, Child Guidance Clinic, and Psychological Services? Give details:

The Principal will deal with all of the above in the strictest confidence.

Any other relevant information you wish to include: -

SIGNED: _____ DATE: _____
Parent/Guardian

N.B. If any of the above information changes, we would appreciate if you could let us know.

The information received will be retained on your daughter's file.

Please do not make a request for a specific teacher – the classes will be divided alphabetically.