



St George's National School
NAUL ROAD
Balbriggan
Co Dublin
K32 KC95

App.No _____
Offer No _____
Received. _____
Place Offered _____
Accepted _____
Refused _____

Enrolment Form 2026/2027

Please fill in using **BLOCK CAPITALS** and complete **ALL** parts. Application must be returned and accompanied by ORIGINAL BIRTH and BAPTISMAL Certificates and PROOF OF ADDRESS

First Name: _____ Known as: _____

Family Name: _____ DOB _____

PPS No: _____ Child's Religion: _____

Previous School/Playschool: _____

Last class attended _____ Name of School's Principal _____

Proposed Class _____ Date of Entry: _____

Name/Age of Siblings _____

Mother's Name: _____ Mobile(Mother): _____

Mother's Maiden Name _____

Mother's Email Address: _____

Father's Name: _____ Mobile(Father): _____

Father's Email Address: _____

Postal Address: _____ **Eircode** _____

Home telephone No. _____ Child minders name and tel no. _____

Emergency contact name & no (other than parents) _____

Child's Religion:

Church of Ireland (incl. Protestant) ☐ Roman Catholic ☐ Presbyterian ☐ Methodist,
Wesleyan ☐ Jewish ☐ Muslim (Islamic) ☐ Orthodox (Greek, Coptic, Russian) ☐ Apostolic
or Pentecostal ☐ Hindu ☐ Buddhist ☐ Jehovahs Witness ☐ Lutheran ☐ Atheist ☐
Baptist ☐ Agnostic ☐ Other Religions ☐ No Religions ☐ **Please provide proof as
outlined in enrolment policy.**

(I consent to this information being uploaded to the primary Online Database ☐)

Ethnic or Cultural Background:

White Irish ☐ Irish Traveller ☐ Roma ☐ Any other White background ☐ Black or Black Irish (African) ☐ Black or Black Irish (Any other Black background) ☐ Asian or Asian Irish (Chinese) ☐ Asian or Asian Irish Any other Asian Background) ☐ Other (incl mixed background) ☐

(I consent to this information being uploaded to the primary Online Database ☐)

Language spoken at home_____

Nationality of: Mother_____Father_____Child_____

Does your child have special needs (educational, emotional and/or medical)

Yes_____ No_____

Please state needs:

Has your child been assessed for learning, behavioural, psychological reasons?

Yes_____ No _____

Are any Assessment Reports available? Yes_____ No_____

Were additional resources provided in child's previous school? Yes_____ No_____

If yes please give details_____

Has your child any sight/hearing/speech difficulties?_____

Details_____

Does your child have any illness/allergy?_____

Details_____

Is your child on medication? Yes___ No___ If yes, for what condition?_____

Does medicine have to be administered during school hours? Yes___ No_____

If yes the School policy on Administration of Medicines must be consulted

Failure to identify special needs at the time of application may invalidate the said application.

- Do you give permission to take the child straight to hospital in case of serious illness/accident? Yes_____ No _____
- Does any legal order under Family Law exist that the school should know about? Yes_____ No _____
- Do you give consent for the child to have photographs/short video clips taken and published on our school website or other publications that the school authorities deem appropriate? Yes_____ No_____
- In order to help your child's education it may be necessary for the teaching staff of St George's to carry out diagnostic testing with your child. I give permission for any necessary diagnostic test to be performed as required. Yes_____ No_____
- In order to help your child's education it may be necessary for the teaching staff to give your child additional support e.g. E.A.L./S.E.T Yes_____ No_____

Acceptance of a place implies acceptance of the School rules and policies.

I accept the Code of Behaviour for St George's NS Yes____ No_____

Signature of Parents:_____Date:_____

_____Date:_____

Have you attached the Birthcert? Yes_____ No _____

Have you attached a previous school report? Yes_____ No_____

Have you attached any previous assessment reports? Yes_____ No_____

Data Protection Statement

The information collected on this form will be held by St George's NS school in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 1988 and the Data Protection (Amendment) Act, 2003.

The purpose of holding this information is. *for administration, to facilitate the school in meeting the student's educational needs etc.*

Disclosure of any of this information to statutory bodies such as the Department of Education and Science or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians or students aged 18 or over if the school wishes to disclose this information to a third party for any other reason.

PTO →

Parents/Guardians of students and students aged 18 or over have a right to access the personal data held on them by the school and to correct it if necessary.

I consent to the use of the information supplied as described.

Signed Parent/Guardian: _____

The Data Protection Policy to view is available on the school website:

www.stgeorgesns.com

This school is under Church of Ireland management. All applications will be notified by post after the applications are processed: normally the Easter prior to the September of entry. The age of the child may be a determining factor.