



Scoil Chríost Rí

Redgate Road

Limerick

Tel: 061 – 453484

Email: info@scoilchriosribns.com

Application Form 2024 / 2025

Enrolment to **Scoil Chríost Rí** is subject to the school Enrolment Policy. (Available on request)

Please complete **all sections** and return to the school office with copies of:

- Child's Birth Certificate
- Child's Baptismal Certificate (if needed)
- Any relevant assessments or reports.

Child's First Name	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text" value="___ / ___ / ___"/>	PPSN	<input type="text"/>
Address	<input type="text"/>	Mobile Number	<input type="text" value="()"/>
		Nationality	<input type="text"/>
Email	<input type="text"/>	Religion	<input type="text"/>

Parent (s) / Guardian (s) Details:

	Parent / Guardian 1	Parent / Guardian 2			
Name	<input type="text"/>	<input type="text"/>			
Telephone	<input type="text"/>	<input type="text"/>			
Relationship to Child	<input type="text"/>	<input type="text"/>			
Number of Children in Family	<input type="text"/>	Place in Family	<input type="text"/>	Siblings in this school	<input type="text"/>
Previous School Attended	<input type="text"/>		Class	<input type="text"/>	
Class applying for	<input type="text"/>	Date of Arrival in Ireland (if applicable)	<input type="text"/>		

Please Turn Over 

Special Category Data

To which ethnic or cultural background does your child belong (please tick one)? (Categories based on the Census of Population)

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 (including mixed background) _____

No consent _____

Is one of the pupil's mother tongues (i.e languages spoken at home) Irish or English?

Yes _____

No _____

No Consent _____

Details of any Special Educational Needs

*Please include copies of any relevant reports with this application. We will use this information to apply for extra resources for your child.

Details of any Allergies or Relevant Medical Needs	Family Doctor Name & Address
	Telephone:

Parental Consents

Please tick below to show that you consent to the following:

In applying for enrolment to Scoil Chríost Rí , I agree to the policies and procedures set out by the school, including the school's Code of Behaviour.	
In the event of an emergency, I give consent for my child to receive appropriate medical attention.	
I give permission for Scoil Chríost Rí to contact outside agencies or schools my child has previously attended for copies of relevant assessments or reports.	
I understand that Scoil Chríost Rí is a school that promotes a Catholic Ethos.	
I give permission for my child to travel to events or ceremonies in the local church.	
I give permission for my child to attend SET (Special Education Teacher) if necessary.	
I consent to photographs or video clips of my child being used in publications (including the school website and social media) deemed appropriate by Scoil Chríost Rí .	
I understand that the possession of mobile phones or any piece of technology that has the ability to access the internet is forbidden by children.	
I am satisfied that Scoil Chríost Rí has adopted the procedures outlined in the Department of Education and Skills published Children First Procedures (2017) in relation to child protection and welfare, as school policy.	
I understand that in accordance with Child Protection Procedures, my child will participate in the instruction of the Stay Safe Programme as directed by the DES.	

Signed: _____
Print Name: _____
Date: _____

Closing date for applications 14th February 2024