



Bunscoil Chríost Rí
Evergreen Road, Turner's Cross, Cork
www.criostri.ie
Email: office@criostri.ie
Ph: 021-4963629

APPLICATION FORM

Name of child as on Birth Certificate:

.....

Male Female Child's PPSN number _____
(please enclose proof of PPSN No. i.e. copy of G.P. Card)

Date of Birth:

Year to be enrolled: Class applying for:

Address:

.....

Eircode:(required)

Home Phone Number: Mobile:.....

Nationality: Country of Birth:

If other than Ireland please state date of arrival in Ireland:

Religion:

(if applicable, please enclose a Baptismal Certificate)

Sisters/brothers in Bunscoil Chríost Rí

Name: Class:

Name: Class:

Details of parent/guardian

	Mother	Father
Name		
Address		
Email address(please print)		
Contact Number		
Emergency Contact Number		
Occupation		
Nationality		

Languages spoken at home:

Has your child attended school or preschool previously? Yes No

If yes please state the name of the school/preschool
(if transferring from another primary school)

Please state reason for leaving school:
(Reports from previous school should be included with this application)

Please ensure that you have included the following with your application:

1. Fully completed application form
2. Birth Certificate
3. Baptismal Certificate (if applicable)
4. Proof of PPSN Number
5. Reports from previous school (if applicable)

I/We consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and to other primary schools my child may transfer to during the course of their primary school. I understand this will only be commenced if my child is accepted into the school.

Signed: _____ Date: _____
Parent/Guardian