



Scoil Naomh Laisrian,
Leithghlinn an Droichid,
Co. Ceatharlach,
Uimhir Rolla 19784S

Leighlinbridge N.S.,
Co. Carlow.
Phone: 059 - 9721796
email: school@leighlin.net

Visit Us Online: www.leighlin.net

Mission Statement

As a Catholic school, our mission is to develop the intellectual, emotional, physical and spiritual aspects of each child and encourage everyone to respect themselves and one another.

We value each person while working to provide a supportive environment for all pupils to learn and play in harmony together.

APPLICATION for ENROLMENT

(to the Board of Management, Leighlinbridge N.S.)

Pupil's Name _____ (as on Birth Certificate)

Male _____ **Female** _____

Date of Birth _____

Address

PPS Number _____

PPS Number can be obtained from the Department of Social and Family Affairs, Kennedy Avenue, Carlow.

Religion _____

Date/Place of Baptism _____

(If Applicable. Please include a copy of the baptismal certificate when returning this form.)

Parents/ Guardians _____

Mother

Father

Occupations _____

Contact Number(s) _____

Alternative Number(s) _____ (in case of emergency)

Place in Family _____ (e.g. 1st of 2, Only Child, 2nd of 4, etc.)

Family Doctor _____ **Phone** _____

Relevant Medical Information



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If your child will have attended childcare before starting school, please name the childcare facility:

Parents and legal guardians are entitled to be consulted and informed about their child’s education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other Relevant Information

Please make the school aware of the person or persons who usually collect your child. If there is any change to this routine please inform the school in writing or in person.

Person(s) Who Usually Collect

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

A pupil will only be released early from school on receipt of a written and signed request from a parent, or if the child’s teacher has been personally informed in good time. Collection without such notice will only be permitted in exceptional circumstances and the school reserves the right to contact parents before a child is collected.

I declare the above information to be correct and understand that it will be treated as confidential.

Signed _____

Date _____



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To be completed **if your child is transferring** from another Primary School:

Previous School _____

Address _____

Telephone _____

Reason for Transfer _____

Have you enclosed a copy of most recent school report and attendance record? _____

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A Roman Catholic School (which is established in connection with the Minister for Education) aims at promoting the full and harmonious development of all aspects of the person of the pupil: intellectual, physical, cultural, moral and spiritual, including a relationship with God and with other people.

The school models and promotes a philosophy of life inspired by a belief in God and in the life, death and resurrection of Jesus Christ.

The Catholic School provides Religious Education for the pupils in accordance with the doctrines, practices and tradition of the Roman Catholic Church and promotes the formation of the pupils in the Catholic Faith.

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N.B. Please note that this form is an application for enrolment to Leighlinbridge N.S. and not a guarantee of a place in the school. When the enrolment has been approved you will receive written confirmation from the Board of Management.