



Coláiste Bríde Application Form 2026/2027

Coláiste Bríde
Presentation Secondary School
New Road, Clondalkin, Dublin 22
Tel: (01) 459 1158
Fax: (01) 459 2998
Email: info@colaistebride.com
Web: www.colaistebride.com

For entry to year (please circle): 1st 2nd 3rd TY 5th 6th

For office use:

Date/time received: _____

Signed: _____

Notes:

- Applications for a place (other than 1st year) will be accepted annually on the Tuesday following the Bank Holiday in May. This form will remain valid for the remainder of the year up until the Bank Holiday in May of the following year. Application Forms will not be automatically carried over. (Note the process for 1st year opens in October of the year prior to commencing 1st year).
- Completion of this form does not guarantee admission.
- If there are no places available for the year group applied for, you will be notified and if desired, your application form will be retained on a waiting list in "date received order". All of the information that you provided will be treated as confidential. Note that completion of this application does not guarantee admission. All information provided will be treated as confidential.

Please complete this form in BLOCK CAPITALS

Student's Personal Details

** indicates an item required by the Department of Education & Skills for their records*

* Surname:	* Address:
* First name/s:	
Students' name as it appears on birth certificate:	
Home Phone No:	Mobile No of Parent: (school related text messages will be sent to this number)
Parents' Email Address (to receive correspondence from school):	* Mother's Name at Birth/Maiden Name:
* Date of Birth:	* Student's PPSN: <i>If you don't know your daughter's PPSN, you can get it from your Social Welfare Local Office or by phone from 01- 704 3281.</i>
Number of Children in the Family:	Place in Family e.g. youngest, eldest etc:
Is your daughter a member of the travelling community? Yes [] No []	* Student's Nationality: _____
* Medical Card Number: _____	Expiry Date: _____
GP Only Card: _____	Expiry Date: _____

Prior links with this school (if any)	Name/s	Years attended
Any sister/s currently in Coláiste Bríde?		
Any sister/s a past-pupil?		
Mother a past-pupil of Coláiste Bríde?		

*** School that the student is currently attending:**

School Name & Address: _____

Tel No: _____ Roll No: _____

Year student is currently in: _____ Is the student repeating a year? Yes [] No []

Course Applied For: Junior Cycle [] Leaving Certificate [] LCVP [] LCA []

***Parent /Guardian Details:**

Surname: _____

First Name: _____

Relationship to Student: _____

Tel (home): _____

Tel (work): _____

Mobile Nr: _____

Occupation: _____

Surname: _____

First Name: _____

Relationship to Student: _____

Tel (home): _____

Tel (work): _____

Mobile Nr: _____

Occupation: _____

Name and Address to which all correspondence should be mailed to:

In accordance with the Department of Education and Skills Guidelines I give permission for Coláiste Bríde to share information on this form with the DES and for both the school and the DES to retain personal information about my child for purposes outlined in DES Circular 0047/2010 (a copy of which is available at www.education.ie or from the school office). Please tick the box to indicate your permission. []

I/we confirm that all of the information supplied is complete and correct. []

Signature/s of Parent/s or Guardian/s: _____ Date: _____