



APPLICATION FORM – Main School 2024/2025

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Parent/Guardian Details:

Mother: _____ Father: _____
Name: _____ Name: _____
Address: _____ Address: _____
Mobile No: _____ Mobile : _____
Email: _____ Email: _____

Emergency Contact Details: (if parent/guardian not available)

1. Name: _____ No: _____ Relationship to Child: _____
2. Name: _____ No: _____ Relationship to Child: _____

Child's Details:

Name: _____
Date of Birth: _____
Address: _____
Eircode: _____
PPS Number: _____
Religion: _____
Nationality: _____

Does your child have a sibling **currently** attending St. Paul's Special School: Yes: No:

Name of Sibling attending St. Paul's Special School _____

Has your child attended an Early Intervention Class: Yes: No:

If Yes, please provide name & address of Early Intervention Class attended:

Dates attended From: _____ To : _____



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Has your child attended another School /Educational Setting: Yes: No:

If Yes, please provide name & address of School attended:

Class attended: From _____ To _____

Dates attended: From _____ To _____

Does your child suffer from any medical condition: Yes: No:

If yes, please give details:

Does your child take any medication: Yes: No:

If yes, please give details:

Does your child suffer from allergies: Yes: No:

If yes, please give details:

Please ensure (by ticking the box below), that you have enclosed the **fully completed** following relevant documentation with this Application Form:

- Psychology Report (DSM V)
- Speech & Language Report
- Occupational Therapy Report
- Psychiatry Report/Developmental Pediatric Report

Parents/Guardians signatures: _____

Date: _____

Reports cannot be accepted after the application closing date. All applications must include a diagnostic report. Incomplete applications will not be considered for admission. Late Applications shall be retained and will be subject to the processes detailed in the enrolment policy.

OFFICE USE ONLY:

Date Application Received: _____