



Application for Admission Form

This is an Application Form for admission to St. Michael's Special School which should be completed in consultation with our Admissions Policy. It does not constitute an offer of a place, implied or otherwise. To ensure that your child's application is processed efficiently, please complete the form in CAPITAL LETTERS, as fully as possible.

Please note that applications cannot be processed unless all sections of the Application Form are completed and should be received no later than 10th January.

Child's name	
Date of birth	
Gender	
Nationality	
Address (including Eircode)	
Siblings attending this school	
Current school/Pre-School	
Current class level	
Is English the spoken language at home	

Mother's name	
Mother's contact number	
Mother's email address	
Father's name	
Father's contact number	
Father's email address	
<i>St. Michael's Special School is the nearest special school catering for pupils with a Mild General Learning Disability to my home address</i>	Yes / No

Necessary documentation:

Must be provided with this Application Form

Up to Date Psychological Report (within 2 years of the application date)	
Date of this Report	
Author	
Full Scale IQ as provided in this report (please note Mild General Learning Disability range between 50-69)	
Recommendation for special school for pupils with Mild General Learning Disabilities	Yes / No
Recommendation for Special Needs Assistant	Yes / No
Recommendation for Transport	Yes / No
Recommendation for Bus Escort	Yes / No
Additional Diagnosis	
Details of additional diagnosis	
Diagnosed by	
Date of diagnosis/report	
<i>A copy of the original report(s) must be provided with this application</i>	

Has your child been referred for any of the following (please tick where appropriate and provide a copy of the report):

Speech & Language Therapy		Occupational Therapy	
Physiotherapy		Psychiatric	
Social Work intervention		Hearing Impairment	
Visual Impairment		Other – please specify _____	

Please indicate that you have provided the following to support your application, where applicable:

School Report	
Individual Education Plan	
Positive Behaviour Support Plan / Strategies	

Does your child have an existing medical condition/allergy? Yes / No

If yes please provide details:

Signature of Parent/Guardian:

Date:

