



**Application for Admission Form**

This is an Application Form for admission to St. Michael's Special School. 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 **10<sup>th</sup> January**. Incomplete forms (including missing documentation) will be returned.

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

<b>Mother's name</b>	
<b>Mother's contact number</b>	
<b>Mother's email address</b>	
<b>Father's name</b>	
<b>Father's contact number</b>	
<b>Father's email address</b>	
<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>	<b>Yes / No</b>
<i>Application made to other school(s)</i>	<b>Yes / No</b>

**Necessary documentation:**  
*Must be provided with this Application Form*

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

<b>Speech &amp; Language Therapy</b>		<b>Occupational Therapy</b>	
<b>Physiotherapy</b>		<b>Psychiatric</b>	
<b>Social Work intervention</b>		<b>Hearing Impairment</b>	
<b>Visual Impairment</b>		<b>Other – please specify</b>	

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

<b>School Report</b>	
<b>Individual Education Plan</b>	
<b>Positive Behaviour Support Plan / Strategies</b>	

**Does your child have an existing medical condition/allergy?      Yes / No**  
*If yes please provide details:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_  
**Date:** \_\_\_\_\_