



## Application for Admissions Form

School Year 2022 / 23

This is an Application Form for admission to Scoil Eoin 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 3<sup>rd</sup> March 2022.

<b>Childs Name</b>			
<b>Date of Birth</b>			
<b>PPS Number</b>			
<b>Address (including Eircode)</b>			
<b>Previous School</b>			
<b>Current Class</b>			
<b>Current School Address and Phone Number</b>			
<b>Name of Principal</b>			
<b>Mothers Name</b>		<b>Fathers Name</b>	
<b>Mothers Contact Number</b>		<b>Fathers Contact Number</b>	
<b>Partners Name (if applicable)</b>		<b>Partners Contact Number</b>	
<b>Emergency Contact Name and Phone Number</b>			
<b>Address and Person(s) to which post will be sent.</b>			

**Medical Needs:**

<p><b>Does your child have any medical history that might affect schooling and require attention while at school?</b></p>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes please provide details: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

**\*An up-to-date psychological assessment must be included with this application form.**

<b>Date of this Report</b>	
<b>Author</b>	
<b>Full Scale IQ as provided in report (please note that the Mild General Learning Difficulty range is between 50 – 69)</b>	

**Has your child been referred for any of the following Clinics or Services? If so, please tick and include a copy of any reports.**

<b>Speech &amp; Language Therapy</b>		<b>Visual Impairment</b>	
<b>Occupational Therapy</b>		<b>Hearing Impairment</b>	
<b>CAMHS / Lucena</b>		<b>Other</b>	

**Signatures:**

\_\_\_\_\_

**Mother**

\_\_\_\_\_

**Father**

**Date:**

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