

**Deadline: 30th April 2025**

School Application Form

\*Please complete in block capitals with a black pen

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | |
| Surname | |  | | | | |
| First Name(s) | |  | | | | |
| Sex  (Please Tick) | | Male |  |  | Female | |
| Date of Birth  (DD/MM/YY) | |  | | | | |
| PPS No | |  | | | | |
| Home Address | |  | | | | |
|  | | | | |
| Nationality | |  | | | | |
| Language(s) Spoken  (If applicable) | |  | | | | |
| Toileting  (Please Tick) | | Yes |  |  | No |  |
| **Family Information** | | | | | | |
| **Parent/Guardian 1 Details:** | | | | | | |
| Name | |  | | | | |
| Relationship to child | |  | | | | |
| Occupation | |  | | | | |
| Mobile No. | |  | | Home No. | |  |
| Work No. | |  | | Email | |  |
| **Parent/Guardian 2 Details:** | | | | | | |
| Name | |  | | | | |
| Relationship to child | |  | | | | |
| Occupation | |  | | | | |
| Mobile No. | |  | | Home No. | |  |
| Work No. | |  | | Email | |  |
| **Has the applicant a sibling already attending Abacas Special School Kilbarrack?** | | | | | | |
| Yes | No |  | **Name of Student** | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact Details** | | | | | | | | | | | | | |
| Relationship to Child | |  | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | |
| Phone No | |  | | | | | | | | | | | |
| **Medical/Educational/Other** | | | | | | | | | | | | | |
| Family Doctor (Name) | |  | | | | | | | | | | | |
| Family Doctor (No.) | |  | | | | | | | | | | | |
| Medical issues? | | Yes |  |  |  |  |  |  | No | |  |  |  |
| If yes, please provide more details | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Previous Education (School/Preschool/Home  tuition etc. Please provide details of each if applicable) | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| CDNT | |  | | | | | | | | | | | |
| **Any additional factors concerning your child (medical/educational/social)?**  **Please outline below** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Documentation Enclosed** | | | | | | | | | | | | | |
| **Important: Documents highlighted in bold and marked with an asterisk must be included with application.** | | | | | | | | | | | | | |
| **Required Documentation**  **\*Must be included with application** | | | | | | | **Additional Documentation**  **(optional)** | | | | | | |
| **Please Tick** |  |  | **Yes** | | | **No** | **Please Tick** |  |  |  |  | **Yes** | **No** |
| **\*Copy of Birth Cert** | | |  | | |  | SLT Report | | | | |  |  |
| **\*Utility Bill** | | |  | | |  | OT Report | | | | |  |  |
| **\*Psych Report** | | |  | | |  | Other  (please specify) |  | | | | | |
| **Signed Declaration** | |  |  |  |  |  |  |  |  |  |  | **Yes** | **No** |
| I have enclosed the required documentation as listed above | | | | | | | | | | | |  |  |
| I have read and agree with the terms and conditions of the enrolment policy | | | | | | | | | | | |  |  |
| I am aware that submission of this form doesn’t constitute an offer of a place | | | | | | | | | | | |  |  |
| Name of Parent Guardian (Print) | | | | |  | | | | | | | | |
| Signature |  | | | | | | | | Date | |  | | |
| **OFFICE USE ONLY** | | | | | | | | | | | | | |
| **Issued:** | | | | **Date Received:** | | | | | | **Entry Year:** | | | |

|  |
| --- |
| Should my child be placed on a waiting list for a place, I/We consent to the school sharing the details of my child with the National Council for Special Education for the purposes of planning for the provision of special education placements.  Yes No |