



Received:

# St. Patrick's Classical School

Application Form for Special Class 2025/2026 (Application Closing Date - 2/05/2025)

First Name:		Middle Name:		Surname:	
Name details as per Birth Certificate					
Date of Birth:	Place of Birth:	PPS Number:	Religion:		
Primary School attending now:			Primary School Roll Number:		
Home Address:		Irish Exemption <span style="float:right">Yes      No</span> (if Yes, please include copy of exemption):			
		Nationality:			
		Eircode:			
If applicant was <u>not</u> born in Ireland please state the year of entry to Ireland:				Year:	
Applicant's place in family:		No. of children in the family:		Medical Card Holder: <span style="float:right">Yes      No</span>	
FATHER'S DETAILS			MOTHER'S DETAILS		
Name:			Name:		
Occupation:			Occupation:		
			Mother's Maiden Name:		
Home Phone:	Work Phone:		Home Phone:	Work Phone:	
Mobile Phone:	Email Address:		Mobile Phone:	Email Address:	
If either parent resides at an address other than above, please specify:					
Please state if either parent is deceased:					
Does the applicant have/had Brothers in the school: <span style="color:red">Yes</span> <input type="checkbox"/> <span style="color:red">No</span> <input type="checkbox"/> <i>If Yes, Name of Brothers:</i>					

Health	Yes/No	Learning Support	Reports Attached	Yes/No	Date Completed
Issues with Eyesight		Did the student access any of the following supports: <span style="color:red">Yes/No</span>	Psychological/Psychiatric Assessment		
Details:		Special Needs Assistant Support	Educational Report from Primary School		
Issues with Hearing		Learning Support Hours	Medical Report		
Details:		Special Class Placement	Irish Exemption		
Ability to take part in PE		ASD Outreach Class	Other		
Details:		Assistive Technology	Other		
Any Allergy					
If yes, please state Allergy:		Name of Family Doctor:		Contact Number:	

Please mention any other medical conditions you feel we should be aware of:

Student Name: \_\_\_\_\_



# St. Patrick's Classical School

Application Form for Special ASD Class 2025/2026

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| • I have read and agree to the terms and conditions of the School's Admissions Policy which can be found on <a href="http://www.stpatscs.com">www.stpatscs.com</a>  | <input type="checkbox"/> | <input type="checkbox"/> |
| • As a condition of enrolment, please tick the box that you have read and agree that your son will abide by the School's Code of Behaviour which can be found on <a href="http://www.stpatscs.com">www.stpatscs.com</a>   | <input type="checkbox"/> | <input type="checkbox"/> |
| • I/We hereby give my/our consent under the Data Protection Act 1998-2018 (GDPR) to the above furnished information being given to and shared with the Department of Education and Skills, Tusla - Child and Family Agency, An Garda Síochána, the Health Service Executive and the National Education Welfare Board: | <input type="checkbox"/> | <input type="checkbox"/> |
| • Data Protection Legislation: I agree to allow the information provided on the application form to be processed in line with the School's Admission Policy:  | <input type="checkbox"/> | <input type="checkbox"/> |

Signatures of Parents/Guardians: \_\_\_\_\_ Date \_\_\_\_\_

Signatures of Parents/Guardians: \_\_\_\_\_ Date \_\_\_\_\_

It is the responsibility of parents/guardians to include a copy of all relevant reports with the completed applications forms. An offer of a place is subject to all relevant documentation being submitted to the school with this application form.