



Received:

St. Patrick's Classical School

Application Form for Special Class 2026/2027

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 Yes No (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: Yes No	
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: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name of Brothers:					

Health	Yes/No	Learning Support	Reports Attached	Yes/No	Date Completed
Issues with Eyesight		Did the student access any of the following supports: Yes/No	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: _____



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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 www.stpatscs.com | <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 www.stpatscs.com | <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 _____

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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.