



PUPIL APPLICATION FORM

I/we wish to apply for a place for my/our son/daughter in St. Paul's School commencing:
September 20_____ (see note 2 below)

Name of Child:_____ Date of Birth: _____

Currently Attending (pre-school / school):_____

Parent(s) / Guardian(s) name(s) (Capitals) : _____

Home Address: _____

Mobiles:_____

Emails :_____

Parent(s) / Guardian(s) Signatures: _____

Do you consent to the sharing of information pertaining to your child's application with the Special Education Needs Organiser (SENO) in order to facilitate planning for potential placements?

Yes/No. (please circle)

Date:_____

NOTES:

1. Please see Application Procedure in St. Paul's Admission Policy (attached).
2. The completion of an application form and the placement of your child's name on any list (however early) does not confer an automatic right to a place in the school.
3. Each application will be considered by the School's Admissions Committee.
4. The Department of Education and Skills will only sanction transport to the nearest recognised school with an available place that is appropriate to the needs of the child.

PLEASE RETURN COMPLETED FORM TO THE PRINCIPAL, ANNE HARTNETT

DATE RECEIVED: _____ (OFFICE USE ONLY)

