PUPIL APPLICATION FORM

I/we wish to apply for a place for my/our son/daughter in St. Paul's School commencing: September 2026 (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: _____

_____

- Moderate Diagnosis ☐
- Severe/Profound Diagnosis ☐
- Other: _____

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, MARGARET MEADE

DATE RECEIVED: _____ (OFFICE USE ONLY)