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| C:\Users\bridgorry\Pictures\School Crest (2).jpg  St. Michael’s National School, Patrick Street, Trim, Co. Meath. C15FK19 Roll No. 05630L Tel: 046 9431813 Email: scoilmhichil@gmail.com**Application for Admission to Special Classes**Please note that this form is for application purposes only. The information provided will be used to allocate available places in accordance with the School’s Admission Policy/Annual Admission Notice (www.stmichaelsnstrim.ie)Please complete all sections of this form. |
| **General Information on Child** |
| First Name: | Surname: |
| PPS Number: | DOB: | Gender: |
| Home Address:Eircode:

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| Siblings in the school: Yes 🞎 No 🞎 (Please tick) Name(s) of sibling(s) – please include the sibling(s) current class(es) |
| **General Information on Parent(s)/Guardian(s)** |
| Parent/Guardian | Parent/Guardian |
| Name: | Name: |
| Address (if different from child’s): | Address (if different from child’s): |
| Mobile No: | Mobile No: |

This Application mustbe accompanied by your child's originalbirth certificate. The school will make a copy of the document(s) submitted and will return all of the original document(s).

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| Has your child ever been referred to any outside agency (Psychologist, Speech & Language Therapist, Occupational Therapist)Yes No If Yes, please give details and include copies of any relevant reports with this form. |
| **Declaration:**I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurateand I/we consent to its use as described. |
| Parent/Guardian’s Signature: | Parent/Guardian’s Signature: |
| Date: | Date: |

***Office Use only:***

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| \*Date Application Received | D | D | M | M | Y | Y |
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