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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](mailto: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:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | */* |  |  |  |  | | | |
| 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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