



Francis Street CBS

John Dillon Street, Dublin 8, Ireland

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W: francisstcbs.ie

E: principal.francisstcbs@gmail.com

Principal: Fiona Collins M.Ed, B.Ed

Deputy Principal: Avril Nolan B.Ed

**Francis street CBS
Admission Application form**

1. Full Name of Applicant student: _____

2. Full postal Address of Applicant Student: _____

3. Date of Birth of Applicant Student: _____

Please provide a birth certificate for the Applicant student. A child must be at least seven years old on or before September 1st of the year of starting second class.

4. Full Name of Mother or 1st Parent/Guardian: _____

5. Full Name of Father or 2nd Parent/Guardian: _____

Contact Details: (Please print in block capitals)

Mother/1st Parent/Guardian's email address: _____

Father/2nd Parent/Guardian's email address: _____

Home telephone number: _____

Mother/1st Parent/Guardian's daytime telephone number: -----

Father/2nd Parent/Guardian's daytime telephone number: -----

One other name and telephone number in case of emergency:

6. Is the Applicant Student the sibling of a current pupil of Francis street CBS? _____

If yes, please give name(s) of sibling(s):

7. If the Applicant Student is seeking a place in a class other than 2nd class, please give details of previous school(s) attended: --

Does your child have a Different Need and/or an Assessment: Please give details:

8. Is this an enrolment for the ASD Class? _____

9. If yes, has an intent to apply form been filled out already? _____

10. Has your son an assessment stating that they have a diagnosis of ASD? _____

11. Is it stated on the assessment that a place in an ASD class is recommended? _____

I/We hereby apply to enrol the Applicant Student in Francis Street CBS

Signed

Date

This Application Form must be received by the school administrator by the closing date of Admissions Application period.