**Francis Street School**

John Dillon Street, Dublin 8, Ireland. D08 FE83

**T**: 353 1 453 1800

**W:** www.francisstcbs.ie

**E**: secretary@francisstcbs.ie

 **Principal**: Conor Doyle B.Comm, H. Dip Ed Deputy **Principal**: Avril McClenahan B. Ed

**Francis Street School**

**Admission Application Form**

1. Full Name of Applicant Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Full postal Address of Applicant Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Date of Birth of Applicant Student: -------------------------------------------------------

**Please provide a birth certificate for the Applicant student.** A child must be at least four

years old (Junior Infants) or seven years old (Second Class) on or before September 1st of the year of starting junior infants/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):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 an Additional Educational Need and/or an Assessment: Please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Is this an enrolment for the ASD Class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Has your Child an assessment stating that they have a diagnosis of ASD? \_\_\_\_\_\_\_\_\_\_

10. 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 School

Signed Date

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