St. Michael's House Special National School,
Raheny Road, Raheny, Dublin 5, D05 FN34

Admissions Application Form

Note: Completion of this form does not guarantee your child a place in the school. All enquiries to the Principal at 01-8511600

Child's Biographical Details:

Forename:	**Surname:**
Birth Cert Forename (if different to above):	**Birth Cert Surname** (if different to above):
Address:	
Gender: Male ☐ Female ☐	**Nationality:**
PPS Number:	**Date of Birth:**
Diagnosis (as per psychological assessment):	
Primary language spoken at home:	
Expected Date of Enrolment:	

Parents/ Guardians details:

Mother/ Guardian 1	
Forename:	**Surname:**
Nationality:	**Birth Surname:**
Language Spoken:	
Address (if different to child's):	
Mobile phone:	**Home phone:**
Email:	
Father/ Guardian 2	
Forename:	**Surname:**
Nationality:	**Language Spoken:**
Email:	
Address (if different to child's):	
Mobile phone:	**Home phone:**

Educational History:

Where was your child's previous enrolment?

Pre-school	☐	Mainstream School in the State	☐	At home	☐
Special school in the State	☐	School in Northern Ireland	☐	School abroad	☐
Private school in the State	☐	Other	☐		

Name of previous school:	
Address:	
Number of years in previous school:	**Telephone No.:**

Assessments/ Reports submitted from previous school? Yes ☐ No ☐

Childhood Illnesses:

Comment on any childhood illness that will impact your child's life in school (type, duration, impact of condition, etc.):

Has he/she any problems in the following areas?					**If 'Yes', please give details**
Sight:	Yes	☐	No	☐	
Hearing:	Yes	☐	No	☐	
Speech:	Yes	☐	No	☐	
Chest (asthma):	Yes	☐	No	☐	
Kidneys:	Yes	☐	No	☐	
Allergies:	Yes	☐	No	☐	
Physical Co-ordination:	Yes	☐	No	☐	
Temperament/Behaviour:	Yes	☐	No	☐	
Social Skills:	Yes	☐	No	☐	
Concentration:	Yes	☐	No	☐	

Has s/he been referred to any clinic or specialist?
Yes ☐ No ☐
If 'Yes', give details:

Medication:

Is your child on any long-term medication(s)?	Yes ☐	No ☐
If 'Yes', give details:		
Will your child need medication in school?	Yes ☐	No ☐
If 'Yes', give details:		

Support from Other Agencies:

Has s/he been referred to or attended a service/ agency before now, for any of the following?			**If 'Yes' give details** (name of agency/ service, how long attended, etc.):
Speech Therapist:	Yes ☐	No ☐	
Social Worker:	Yes ☐	No ☐	
Psychologist:	Yes ☐	No ☐	
Occupational Therapist:	Yes ☐	No ☐	
Early Intervention Team:	Yes ☐	No ☐	
Other specialist: **Specify:**	Yes ☐	No ☐	

Please attach a copy of any reports that you have from any of the above professionals.

Social Training/ Self Help Details:

Can your child feed him/herself unaided?	Yes	☐	No	☐
If 'No' please give details of how much assistance he/she requires:				
Please give details of how much assistance your child requires with dressing:				
Please give details of your child's toileting needs:				
Please give details of any specialized equipment your child uses/ needs (assistive technology, stander, hoist, walking aids, etc.)**:**				

Further Comment /Guidance:

Any other comments/ guidance that would help the school/ teacher:

Should there be any confidential information that you do not wish to put on this form, this can be discussed with the Principal at any time.

Parent/ Guardian 1 signature: **Date:**

Parent/ Guardian 2 signature: **Date:**

Checklist for Applicant:

Completed all sections of the Admissions Application Form	Yes ☐	No ☐
Birth Certificate	Yes ☐	No ☐
1 Proof of Address (dated within the last four months)	Yes ☐	No ☐
Psychological Assessment **from within the last 2 years** (prior to date of application) confirming that the applicant student's primary assessed disability is Moderate General Learning Disability.	Yes ☐	No ☐
A recent recommendation, not more than two years prior to the date of application, indicating that a special school placement is both necessary and suitable for the child	Yes ☐	No ☐
A letter of Eligibility for a special school placement from the NCSE for the school year 2026-2027	Yes ☐	No ☐

Official Use Only:

Date Received:		
Letter of Eligibility from NCSE:	Yes ☐	No ☐
Completed Form:	Yes ☐	No ☐
Proof of Address:	Yes ☐	No ☐
Birth Certificate	Yes ☐	No ☐
Within Catchment Area:	Yes ☐	No ☐
Recent Psychological Assessment:	Yes ☐	No ☐
Valid Application:	Yes ☐	No ☐
Principal's Signature:		