

Assigned Teacher (if known): _____



2024-2025 APPLICATION FOR ADMISSION

St. Catherine's Senior Girls School

Ratoath Road, Cabra, Dublin 7, D07 V045

Phone 01-8387194

Class child is applying for: (2 nd , 3 rd , 4 th , 5 th , 6 th , ASD Class)					
Child's Name:					
Child's P.P.S. Number:					
Child's Address:					
Date of Birth:					
Child's First Language:					
Copy of Birth Certificate included (please tick):	Yes			No	
	<u>Parent 1</u>			<u>Parent 2</u>	
Name:					
Address:					
Mobile Phone Number:					
Email Address:					
Religion*:					
Country of Origin:					
First Language:					
Does your child have a medical condition, for example asthma or an allergy? If so, please give details:					
Has your child ever had a psychological assessment?				Yes	
					No
Does your child have a written professional recommendation to attend an ASD class in a mainstream setting dated within the last 24 months?				Yes	
					No
Please enclose reports regarding the above.					
Previous School Attended:					
Permission is granted to contact previous school for latest reports, assessments etc.				Yes	
					No
Reason for change of school:					
Present Class:					

Office Use Only
Received by:

Date:

Time:

Assigned Teacher (if known): _____

Names of other children in the school:			
The above information will be registered on the Aladdin system in the school, and transferred to the Department as necessary.			
Signed		Date	

www.stcatherinessenior.com

*St. Catherine's Senior Girls School does not exclude children on grounds of religious tradition.



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