

Assigned Teacher (if known): \_\_\_\_\_



**2025-2026 APPLICATION FOR ADMISSION**

**St. Catherine's Senior Girls School**

Ratoath Road, Cabra, Dublin 7, D07 V045

Phone 01-8387194

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

**Office Use Only**  
**Received by:**

**Date:**

**Time:**

Assigned Teacher (if known): \_\_\_\_\_

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

[www.stcatherinessenior.com](http://www.stcatherinessenior.com)



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