Assigned Teacher (if known): _____

2027-2028 APPLICATION FOR ADMISSION*

St. Catherine's Senior School
Ratoath Road, Cabra, Dublin 7, D07 V045
Phone 01-8387194

Class child is applying for: 2nd, 3rd, 4th, 5th, 6th **or** 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**	
	Parent 1		**Parent 2**	
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?	**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

***From September 2027, we will be admitting boys into 2nd & 3rd Classes.**

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Received by: **Date:** **Time:**