



PUPIL APPLICATION FORM

I/We wish to apply for my/our son/daughter in St. Gabriel's Special School commencing:

September 20_____ (see note 2 below)

Name of child: _____

Date of Birth: _____

Currently Attending: _____

(Name of School / Pre-school)

Parents' names: _____
Mother BLOCK CAPITALS Father

Signed: _____
Mother Father

Address: _____

Telephone Numbers:	Home	Work	Mobile
Mother:			
Father:			

In the event that my child is not successful in getting a placement in requested year:

DELETE AS APPROPRIATE

I give permission/I do not give permission for my child's report to be shared with the S.E.N.O. (Special Educational Needs Organiser)

Signed: _____ Date: _____

Notes:

- In accordance with our Admissions & Enrolment Policy, each applicant must be considered by the School's Admission Committee before being placed on our waiting list. Please note that the completion of an application form or the placement of your child's name on the list, however early, does not confer an automatic right to a place in the school.
- You may not be successful in obtaining a place for the year requested above.

Encl:

Admissions & Enrolment Policy

Please return completed form to the Principal.

For Office Use only

Date application received: _____ Psychological Report: Yes /No