



Application Form – Stewarts School

Internal Use Only:
School Stamp with Date of receipt of Application:

Forename:	Surname:
Date of Birth:	
Male: ____ Female: ____	Proposed Year of Entry:

Name of current school/preschool:
Present Class (if in school):
Dates attended:
Previous school(s) (if attended):
Other Schools applied to:

Parent Name (1):	Phone Number:	Parent 1's Address:
Parent Name (2):	Phone Number:	Parent 2's Address (if different):
Email Address to be used for parent contact:		
Guardian Name (if appropriate):	Phone Number:	Guardian's Address:
Email Address to be used for guardian contact:		

Please set out the level of the child's learning disability (moderate, severe, profound etc.) and/or their primary and (secondary) diagnoses:

Please detail any medical condition (including any prescribed medications), allergies or other relevant information:

Please detail how your child communicates (gesture, Lámh, PECS, speech):

Please detail any sensory issues your child may have (reaction to noise/smell/touch):

DOCUMENTATION

Please ensure that all of the following is supplied with the application as otherwise it will not be processed:

- A photocopy of birth certificate
- Two proofs of residence within Catchment Area from
 - a) ESB bill
 - b) Gas bill
 - c) Landline Telephone bill
 - d) Household bill
- A detailed report from a psychologist, psychiatrist, or a member of a Multi-Disciplinary team setting out the child's primary and secondary diagnoses and confirming that the child functions in the moderate/severe cognitive and moderate/severe adaptive ranges.
- A school/pre-school report from the last 12 months
- Support Plan/Individual Education Plan (if available)
- Any other relevant reports – speech & language therapy/ occupational therapy, physiotherapy, psychiatric and medical reports.

I understand that:

- the receipt of an application form does not guarantee that the child will be offered a place
- it is my responsibility to inform the school of any change of contact details or other relevant circumstances
- if I have not replied to a confirmed offer of a place for my child within 10 days of that offer being made, I will have forfeited my child's place on the admission list
- that a failure to provide all relevant medical and behavioural reports (as defined in Section 5 of the Admissions and Participation policy) from the last 3 years may invalidate this application and may result in the loss of my child's place in the school prior to or after admission.

Please tick each box (if the boxes are not ticked, this application will be returned as incomplete and will not be accepted):

I have read the Admissions and Participation Policy and I confirm that I accept the terms of the application and admission process. I understand that these terms will continue in force through the duration of my child's admission in the school.	Please tick
Parent/Guardian Signature : _____	
Date: _____	