



Application Form – Stewarts School

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Forename: _____	Surname: _____
Date of Birth: _____	PPSN: _____
Male: _____ Female: _____	Year of Entry: September 2025

Name of current school or preschool: _____

Dates attended: _____

Present Class (if in school): _____

Any previous school(s) or preschool attended: _____

Other schools applied to: _____

Parent Name (1): _____ _____	Phone Number: _____ _____	Parent 1's Address & Eircode: _____ _____ _____
Parent Name (2): _____ _____	Phone Number: _____ _____	Parent 2's Address & Eircode: _____ _____ _____
Guardian's Name (if applicable): _____ _____	Phone Number: _____ _____	Guardian's Address & Eircode: _____ _____ _____

Parent 1's email address: _____

Parent 2's email address: _____

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

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

Please detail your child's current level of need- eating, drinking, sleep, mobility, toilet training or independent use of toilet:

Please detail how your child communicates (Gesture, photos, PECS, Lámh, speech) and their social interactions with others:

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

-Any other relevant information in support of your child's application:

Name of Children's Disability Network Team: _____

List any clinical supports received in the past 2 years: _____

Specify if your child on a waiting list for clinical support: _____

DOCUMENTATION CHECKLIST

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

- Completed all sections of the Application Form.
- A photocopy of birth certificate
- Proof 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 adaptive ranges OR moderate/severe ID and a recommendation for a special school placement.
- Psychology Report enclosed. Please note that to meet the category of the school this reports must confirm your child's diagnosis of Moderate learning disability or Severe/Profound learning disability
- A school/pre-school report from the last 12 months
- Most recent Support Plan/Individual Education Plan/Care Plan (if available)
- Any other relevant reports (if available) – speech & language therapy/ occupational therapy, physiotherapy, CAMHS/NEPS 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
<p>Parent/Guardian Signature :</p> <p>_____</p> <p>Date:</p> <p>_____</p>	

Consent to access and share information

Name: _____

D.O.B: _____

I/We the undersigned hereby give consent to Stewarts School to access and share the following reports/programmes with other bodies relevant to achieving school placement.

Pre-school	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physiotherapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Psychology	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupational Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speech & Language Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paediatrician	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Consultants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other relevant report on file	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The information collected on this form will be held by Stewarts School in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 2018. The purpose of holding this information is for administration, and to facilitate the school in meeting the pupil's educational and/or medical needs etc.

Disclosure of any of this information to statutory bodies such as Department of Education & Skills or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians or pupils aged 18 or over if the school wishes to disclose this information to a third party for any other reasons.

Parents/Guardians of pupils and pupils aged 18 or over have a right to access the personal data held on them by the school and to correct if necessary.

Should your child or young person be placed on a waiting list for a place, their personal data may be shared with the National Council for Special Education for the purposes of planning for the provision of special education placements.

I consent to the use of the information supplied as described.

Signed: _____

Date: _____