

**Application Form St. John’s Special School, Youghal Road, Dungarvan**

*I/we wish to apply for enrolment for my/our child in St John’s Special School as I believe my/our child* ***fulfils the criteria for Admission to St. John’s School****. (Please read our Admissions Policy)*

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| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Primary Diagnosis :**  **Intellectual Disability:** |  |
| **Main Residing Address with Eircode of Child:** |  |
| **Parent/Guardian 1**  **Name:**  **Address:**  **Please clearly print Email Address:**  **Phone Number :** | **Parent/Guardian 2**  **Name:**  **Address: (if different)**  **Please clearly print Email Address:**  **Phone Number :** |
| **Date of Application** |  |

***Any decision to accept a pupil will be based on him/her fulfilling the admission criteria based on our Admissions Policy and a vacancy being available in our school.***

***Please submit this application before the 10/02/23 to principal@stjohnsdungarvan.com or post to* St. John’s Special School, Youghal Road, Dungarvan, X35RR25**