



Murphy's Farm, Curraheen Estate, Bishopstown, Cork. • Eircode T12 EK57  
Tel: 021-4544068 • Email: secretary@stgab.ie  
Roll No: 20074R

### **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 Father

**Signed:** \_\_\_\_\_  
Mother Father

**Address:** \_\_\_\_\_ **Eircode:** \_\_\_\_\_

Phone Numbers:	Home	Work	Mobile	Email
Mother:				
Father:				

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

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.

**Please return completed form to the Principal.**

For Office Use only

Date application received:\_\_\_\_\_ Psychological Report: Yes /No