



Francis Street CBS

John Dillon Street, Dublin 8, Ireland. D08 FE83

T: 353 1 453 1800

W: www.francisstcbs.ie

E: principal@francisstcbs.ie

Principal:Conor Doyle B.Comm, H. Dip Ed **Deputy Principal:** Brendan Goggin B. Ed

Francis street CBS Admission Application form

1. Full Name of Applicant student: _____

2. Full postal Address of Applicant Student: _____

3. Date of Birth of Applicant Student: _____

Please provide a birth certificate for the Applicant student. A child must be at least four years old (Junior Infants) or seven years old (second class) on or before September 1st of the year of starting junior infants/second class.

4. Full Name of Mother or 1st Parent/Guardian: _____

5. Full Name of Father or 2ndParent/Guardian: _____

Contact Details: (Please print in block capitals)

Mother/1st Parent/Guardian's email address: _____

Father/2nd Parent/Guardian's email address: _____

Mother/1st Parent/Guardian's telephone number: _____

Father/2nd Parent/Guardian's telephone number: _____

Another name & phone number in case of emergency: _____

6. Is the Applicant Student the sibling of a current pupil of Francis street CBS? _____



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If yes, please give name(s) of sibling(s):

7. If the Applicant Student is seeking a place in a class other than 2nd class, please give details of previous school(s) attended: --

Does your child have an Additional Education Need and/or an Assessment: Please give details:

8. Is this an enrolment for the ASD Class? _____

9. If yes, has an intent to apply form been filled out already? _____

10. Has your son an assessment stating that they have a diagnosis of ASD? _____

11. Is it stated on the assessment that a place in an ASD class is recommended? _____

I/We hereby apply to enrol the Applicant Student in Francis Street CBS

Signed

Date

This Application Form must be received by the school administrator by the closing date of Admissions Application period.