



# Francis Street CBS

John Dillon Street, Dublin 8, Ireland. D08 FE83

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**Principal:** Conor Doyle B.Comm, H. Dip Ed **Deputy Principal:** Avril McClenahan B. Ed

**Roll No: 18477E**

**School Enrolment Form: 2025 / 2026**

*You can enrol your child in our school any date between October 1<sup>st</sup> 2024 and October 25<sup>th</sup> 2024 for the year 2024 – 2025. Please read our Admission's Policy for more information to our criteria. You will be notified of the decision in relation to your application by November 15<sup>th</sup> 2024. You must confirm acceptance of the offer of admission November 29<sup>th</sup> 2024 or the offer may be withdrawn if you do not accept the offer of admission within the timeframe. We enrol up to 20 pupils for Junior Infants each year.*

General Information on Child		
First Name:	Surname:	
Address:		
Gender:	Date of Birth:	PPS No:
Class being applied for (Junior Infants / Special Class / Other):	Has a sibling already in the School: <b>Yes</b> <b>No</b>	
Previous School – Pre School:		
Have you enclosed a copy of Birth Certificate?	<b>Yes</b>	<b>No</b>

General Information on Parent/Guardian	
Parent/Guardian 1 :	Parent/Guardian 2:
Name:	Name:
Address (if different from child's)	Address (if different from child's)
Email Address:	Email Address:
Mobile No:	Mobile No:
Nationality:	Nationality:
Child's Legal Guardian(s): <b>Both Parents</b> <b>Mother</b> <b>Father</b> <b>Other</b>	

<b>Emergency Contacts</b>		
Should we be unable to contact you, please provide contact details of two people who may be contacted in the event of an emergency.		
Name:	Relationship to child:	Mobile No:
Name:	Relationship to child:	Mobile No:
In the event that we are unable to contact you or your emergency contact nominees, we will seek professional medical advice (G.P. or Hospital and arrange to transport your child to a G.P. or hospital and have them administer treatment if necessary. If you have any issues with this contact the Principal.		
Doctor's Name:		Phone No:

<b>Health, Education and Learning</b>		
I give permission for Francis St. to contact my child's school – pre-school to discuss their progress: <b>Yes</b> <b>No</b>		
Has your child been assessed by a psychologist or the Early Intervention Team? <b>Yes</b> <b>No</b> Please enclose a copy of any assessment reports.		
Has your child attended Speech and Language Therapy? <b>Yes</b> <b>No</b> Please enclose a copy of any assessment reports.		
Has your child attended Occupational Therapy? <b>Yes</b> <b>No</b> Please enclose a copy of any assessment reports.		
Does your child have difficulties in any of the following areas? Hearing    Vision    Mobility    Details:		
Does your child have a diagnosis of any special needs which require additional support? <b>Yes</b> <b>No</b> Please give details (i.e. Autism, General Learning Difficulty, Sensory Processing Disorder, ADHD etc.)		
Does your child have any Chronic Medical Conditions? Diabetes    Epilepsy    Asthma    Anaphylaxis i.e. severe allergies    Other Please give details:		
Please let us know if your child is on any prescribed medication so that we can bring this to the attention of medical staff in case of an emergency.		

**\*COMPLETION OF THIS FORM IS NOT A GUARANTEE OF A PLACE**