**Francis Street CBS**

John Dillon Street, Dublin 8, Ireland. D08 FE83

**T**: 353 1 453 1800

**W:** www.francisstcbs.ie

**E:** secretary@francisstcbs.ie

**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 2nd 2023 and November 10th 2023 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by November 24th 2023 You must confirm acceptance of the offer of admission December 8th 2023 or the offer may be withdrawn if you do not accept the offer of admission within the timeframe. We enrol up to 22 pupils for Junior Infants each year.*

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| **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: **Yes No** | |
| Previous School – Pre School: | | | |
| Have you enclosed a copy of Birth Certificate? **Yes No** | | | |

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| **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): **Both Parents** **Mother** **Father** **Other** | |

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| **Emergency Contacts** | | | |
| 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: | |

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| **Health, Education and Learning** |
| I give permission for Francis St. to contact my child’s school – pre-school to discuss their progress:  **Yes No** |
| Has your child been assessed by a psychologist or the Early Intervention Team? **Yes No**  **Please enclose a copy of any assessment reports.** |
| Has your child attended Speech and Language Therapy? **Yes No**  **Please enclose a copy of any assessment reports.** |
| Has your child attended Occupational Therapy? **Yes No**  **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? **Yes No**  **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**