

Application for Enrolment 202_ /202_

Child's First Name: _____ Surname: _____

Gender: Male ☐ Female ☐ Date of Birth: _____

Child's PPSN: _____ Nationality of Child: _____

Full Postal Address: _____

----- Eircode: _____

Parent/Guardian (1) Name: _____ Parent / Guardian (2) Name: _____

Parent/Guardian (1) Ph: _____ Parent/Guardian (2) Ph: _____

Parent/Guardian (1) Email: _____ Parent/Guardian (2) Email: _____

Relationship to child: _____ Relationship to child: _____

Emergency Contact Name / Number: _____ / _____
(If different from above)

GP Details:

GP Name: _____
GP Ph. No.: _____
GP Address: _____

CDNT Details:

CDNT Branch: _____
Address: _____

Please ensure the following documents are included in this application;

- A letter from the National Council for Special Education (NCSE) confirming eligibility, including diagnosis/category of need and a professional recommendation for placement, as per NCSE requirements and current Department guidance - mandatory
- Child's Birth Certificate - mandatory
- Psychology Report - mandatory
- Any other supporting relevant documents/reports

Signed: _____
Child's Parent(s)/Guardian(s)

Date: _____

For office use only:

Date application received: _____
Reports included: _____

