

***St. Patrick's Special School***  
Drumgoold, Enniscorthy, Co. Wexford. Y21 Y9W0

Email:  
[office@stpatricksschool.ie](mailto:office@stpatricksschool.ie)



Telephone: 053-9239150

Principal: *Lee Rogers*  
Deputy: *Ann Marie Furlong*

---

**Application for admission of new pupils**

Please return this form to the above address, together with a Birth Certificate and a copy of the child's medical and/or psychological reports.  
(These will be copied and the original returned to you)

---

Child's full name

---

Address

---

Nationality

---

Previous School and/or  
Playschool attended (if any)

---

Date of Birth

---

P.P.S. Number

---

Father/ Guardian's Name

---

|          |          |
|----------|----------|
| Tel Home | Tel Work |
|----------|----------|

---

Mother/ Guardian's Name

---

|          |          |
|----------|----------|
| Tel Home | Tel Work |
|----------|----------|

---

|          |        |
|----------|--------|
| Religion | Parish |
|----------|--------|

---

|                                |                        |
|--------------------------------|------------------------|
| First Holy<br>Communion (Date) | Confirmation<br>(Date) |
|--------------------------------|------------------------|

---

Does any legal order under family law exist that the school should know about?

---

---

---

---

(The school should be made aware of any court order, which affects the child's welfare and also the name of any person into whose custody the child should not be given.)

*The Education Welfare Act 2000*

*Once a pupil is absent for 20 days or more, the school is obliged to inform the National Education Welfare Board.*

***St. Patrick's Special School***  
**Drumgold, Enniscorthy, Co. Wexford. Y21 Y9W0**

Details of other children in the family

|      |     |
|------|-----|
| Name | Age |
| Name | Age |
| Name | Age |
| Name | Age |

Family Doctor

Address

Telephone No.

Medical Card No.

(if any)

Longterm Illness Card No.

(if any)

Other contact name (e.g. aunt, uncle, grandparent, minder)

Name

Address.

Phone No

Relationship

Parent's Signature

Date

FOR OFFICE USE ONLY

Bus Route

Bus Escort

Date Started

Date Finished

Parental Permission Given where applicable

|                   | Yes | No | Code of Discipline | Yes | No |
|-------------------|-----|----|--------------------|-----|----|
| Swimming          | Yes | No |                    | Yes | No |
| Toileting         | Yes | No |                    | Yes | No |
| Hygiene Programme | Yes | No |                    | Yes | No |
| Outings           | Yes | No |                    | Yes | No |