



CBS James St Co-Ed Secondary School,
Basin Lane,
Dublin 8.

Ph. 01 4547756 info@cbsjamesstreet.ie

Dear Parent/Guardian,

To apply to this school it is important that you complete each part of this form and hand it in with the following:

- BIRTH CERTIFICATE (long Version) Enclosed: Yes..... No.....
- 2 PASSPORT SIZE PHOTOGRAPHS Enclosed: Yes..... No.....
- REGISTRATION FEE €45.00 (Receipt given) Enclosed: Yes..... No.....

Entrance Assessment Fee: €10.00

Applicant's Surname: **First Name/s:**

Applicant's PPS No. (Personal Public Service Number)

Date of Birth: **Nationality:**

Address:.....
.....

It is important that the school has a way of contacting you, the parent/guardian during the day, about health matters etc.

Home phone No...... **Mobile No.**.....

Work No......

Name of Present School:

Having read and completed the form please add your signature and have your child/charge sign here, showing that you accept the conditions of the application and school:

Parent/Guardians Signature:**Applicant:**

The information you will give to the questions below is to help us work to the best with your child and is for the school staff information only.

PERSONAL INFORMATION:

1. Does this student live at home: Yes No.....

If you answer 'No', what is the relationship of the guardian to the student?

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1a. Mother's name: Occupation:

Mother's maiden (single) name

1b. Father's name: Occupation:

1c. Number of children in Family:

1d. Student's place in family: Eldest Youngest..... or

1e. Number of brothers: Number of sisters:

1f. Additional 'family' information that the school should be aware of:

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HEALTH INFORMATION:

2. Has the student ever had an illness that might affect their learning or involvement in the activities of the school? Yes: No :.....

If you have answered 'Yes' please tell us more

2a. Has the applicant ever had treatment for any of the following?

Asthma Epilepsy Diabetes Heart problems

Sight Hearing Speech Kidney Problems

2b. Is the applicant on any medication at present? No: Yes:

If 'Yes' what type: How often:

2c. Does the applicant suffer from Allergies: No: Yes:

Type:

1. Does your son/daughter have any Learning Difficulties eg. Dyslexia? If so, please give details.

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2. Does your son/daughter have a diagnosis contained in the form of a psychological Report?

Yes/No

If yes, could you please provide the school with a copy of the Psychological Report/Occupational Therapy Report

3. If your son/daughter has a Psychological report could please sign the attached permission slip. This will allow us to forward the information to our SENO (Special Education Needs Officer) to ensure that all the necessary resources are in place for your child for September.

SCHOOL INFORMATION:

In keeping with the Admissions Policy and Code of Behaviour and Discipline of this school it is important that incoming students and parents/guardians consider and agree to the following points:

3. Is there a reason why your child/charge might not be able to attend school regularly and to be on time? No:.....

Yes:..... Because:

4. Is there a reason why your child/charge may not be able to be in the recognised school uniform when attending school? No:

Yes:..... Because:

5. Is there a reason why there might be difficulty in getting and having the required schoolbooks and equipment for each class? No:.....

Yes:..... Because:

6. Is there a reason why your child/charge may not be able to follow the conditions of the School Code of Behaviour and Discipline? No:.....

Yes: Because:

OTHER INFORMATION:

Include here any other information that will help the school to work to the best with your child/charge?

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NB: PLEASE NOTE THAT FAILURE TO DISCLOSE ALL RELEVANT DETAILS MAY RESULT IN YOUR APPLICATION BEING UNSUCCESSFUL.