



**St. Michael's House Special School Foxfield  
Application Form  
2026/2027**

Confidential

**PLEASE COMPLETE THIS FORM TYPED OR IN BLOCK CAPITAL LETTERS**

Name of child as on Birth Certificate: \_\_\_\_\_

Male  Female

PPS number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year to be enrolled: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

If other than Ireland please state date of arrival in Ireland: \_\_\_\_\_

**Details of Parents:**

	<b>Mother</b>	<b>Father</b>
<b>Name</b>		
<b>Email Address</b>		
<b>Mobile Phone No.</b>		

Languages spoken at home:

--

Is your child currently attending school or preschool?

Yes  No

If yes, please state the name and address of the school:

--

If your child is not in school, have they attended school/preschool previously? Yes  No

If, yes please state the name and address of the school:

--

Reason for leaving school:

--

Please tick as appropriate:

<b>Mandatory documentation to accompany this application</b> ✓	
<b>Please ensure that all documentation is included</b>	
The child's birth certificate	
2 proofs of address for the child dated within the last 4 months	
A psychological assessment dated <b>within two years of application</b>	
Psychological assessment includes a diagnosis of autism/ASD	
The psychological assessment includes a diagnosis of moderate or severe Intellectual Disability	
The psychological assessment includes a <b>Primary recommendation for placement in s Special School</b>	
Letter of eligibility from a SENO confirming the recommendation for the child's placement in a <b>Special School for the 2026-2027 school year</b>	
<b>Other available professional reports (optional)</b>	
Psychiatric Assessment	
Current School Report	
Individual Education Plan from the current school	
Speech and language therapy report	
Social Work Report	
Physiotherapy & Occupational Therapy reports	
Medical Report as appropriate	

**Note:** If Applications do not meet the criteria outlined in the mandatory documentation above, parents will receive an email stating the reason why the criteria are not met and requesting any missing documentation to be received by the deadline as stated on our Admissions Notice on our website. Parents or advocates for applicants will then have the opportunity to seek the relevant documentation or clarifications to reapply if criteria are met.

Please return this application with the relevant documentation **by post or hand delivery ONLY** to:

***St. Michael's House Special School Foxfield,  
Briarsfield Villas,  
Greendale Road,  
Kilbarrack,  
Dublin 5.  
D05 AT26***

**Parent/Guardian Declaration**

I/We understand that St. Michael's House Special School Foxfield is a Department of Education-funded Special School under the patronage of St. Michael's House. I/we will adhere to the school's protocols and policies, details of which I understand can be accessed upon request. In addition, we will support our child in complying with the school's protocols and policies.

Signed: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_