



St. Michael's House Grosvenor School

Leopardstown Road, Dublin
D18 KR80
Roll: 18671A
Tel: 01-2950534

Principal: John Fitzpatrick
Deputy Principal: John Owen
Secretary: Janis Kealy

Website: www.stmichaelsgrosvenor.ie

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APPLICATION FORM FOR SCHOOL YEAR 2024/ 2025

Child's Name			
Date of Birth		Male	
		Female	
PPS Number			
Address			
EIRCODE			
Diagnosis			
Any other medical needs			
Parent / Guardian (1) Contact details	Name		
	Phone	<i>Relationship to child</i>	
	Email		
Parent / Guardian (2) Contact Details	Name		
	Phone	<i>Relationship to child</i>	
	Email		
Present Placement Details			

I confirm that I have enclosed the following	Yes	No
Birth Certificate		
Proof of address e.g. Utility Bill (<i>dated within 4 months</i>)		
Psychological Assessment (<i>must be dated within 2 years of application & clearly state that your child has an intellectual disability within the moderate to severe / profound range</i>)		
Please note that if any of the necessary documents requested above are not included then the application is considered incomplete and cannot be accepted		

Signature _____ (Parent / Guardian) Date: _____

FOR OFFICE ONLY

Date application received	
In catchment	
Place offered (date)	
Offer accepted (date)	
All relevant documents received	
Signed	