



**St. Michael's House Special School Foxfield**  
**Application Form**  
**2024/2025**

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:**

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

Languages spoken at home:

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Is your child currently attending school or preschool?

Yes ☐ No ☐

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

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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:

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Reason for leaving school:

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**Foxfield Special School is currently bi-located between Kilbarrack and Swords campuses.**

Please tick the location for this application:

Kilbarrack ☐

Swords ☐

Both ☐

Please tick as appropriate:

Mandatory documentation to accompany this application		✓
The child's birth certificate		
Proof of address for the child		
A psychological assessment dated within two years of application		
Psychological assessment includes a diagnosis of autism/ASD		
The psychological assessment includes a diagnosis of moderate or severe GLD/ID/GDD		
The psychological assessment includes a <b>primary</b> recommendation for a special school placement		
Other available professional reports (optional)		
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:** Applications that do not meet the criteria outlined in the mandatory documentation above will be returned stating the reason why the criteria are not met. 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 to  
admissions@foxfieldsmh.ie or deliver 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: \_\_\_\_\_