



**St. Michael's House Special School Foxfield
Application Form
2025/2026**

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
Name		
Email Address		
Mobile Phone No.		

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:

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 ✓ Please ensure that all documentation is included	
The child's birth certificate	<input type="checkbox"/>
2 proofs of address for the child dated within the last 4 months	<input type="checkbox"/>
A psychological assessment dated within two years of application	<input type="checkbox"/>
Psychological assessment includes a diagnosis of autism/ASD	<input type="checkbox"/>
The psychological assessment includes a diagnosis of moderate or severe GLD/ID/GDD	<input type="checkbox"/>
The psychological assessment includes a Primary recommendation for placement in s Special School	<input type="checkbox"/>
Other available professional reports (optional)	
Psychiatric Assessment	<input type="checkbox"/>
Current School Report	<input type="checkbox"/>
Individual Education Plan from the current school	<input type="checkbox"/>
Speech and language therapy report	<input type="checkbox"/>
Social Work Report	<input type="checkbox"/>

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 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: _____