

# Sonas

Special Junior Primary School  
Carrigaline Education Campus  
Ardnacloghy  
Carrigaline  
Co. Cork P43 EF95  
Email: [admin@sonascork.ie](mailto:admin@sonascork.ie)  
Web: [www.sonascork.ie](http://www.sonascork.ie)  
Tel: 021-4373164



Roll No. 201620

PUPIL APPLICATION FORM	
Child's Name:	
Child's Address:	
Child's Date of Birth:	
Child's PPSN:	
Parents(s)/Guardian(s) Name(s):	
Address if Different:	
Contact Telephone Numbers:	Name: _____ Landline: _____ Mobile: _____ Email: _____ Name: _____ Landline: _____ Mobile: _____ Email: _____
Details of any past or present Preschool placement:	
Which clinicians assessed your child? Please give name/s, addresses and telephone numbers.	
I, _____, parent of _____, wish to apply for placement for my child at Sonas Special Junior Primary School. I give permission for Sonas Special Junior Primary School to contact the above-named Clinicians and to obtain copies of my child's Diagnostic Report/s.	
Signature of Parent/Guardian (1):	
Signature of Parent/Guardian (2):	
DATE:	

*Please return this Application Form to Sonas Special Junior Primary School, Ardnacloghy, Carrigaline, Co. Cork*