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F35PX94

Scoil Íos**a**

***“Ní neart go cur le chéile”***

***(“Our strength is our Unity”)*Roll No**: 20142I

**Application for Enrolment.**

**ASD Unit**

**Section 1 General Information**

**Child’s First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ **Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Child’s PPS No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Eircode**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nationality** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** **Female**  **Male**

**Name of Parent(s)/Guardian(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Land Line)**

**Father** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mother**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Mobiles)**

**Playschool attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary School and class attended if applicable**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of sisters /brothers already attending Scoil Íosa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 2 : Emergency Contacts**

**Name of Contact**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Mobile)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home)

**Relationship to Child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Childminder, Grandparent, Family friend etc.)**

**Section 3 : Health Information**.

**Name of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the child experience difficulties with any of the following?**

**Vision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hearing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Speech:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are there any issues with behaviour, temperament etc? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If so please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has the child attended any of the following?**

**Educational Psychologist: Speech Therapist: Occupational Therapist:**

**Other (Please Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please attach copies of all professional reports***

**Is the child receiving any medication: Yes No**

**Please list any condition for which the child receives medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist.**

***Please ensure that the following documents accompany this application:***

* **Copy of Child’s Birth Certificate**
* **Copy of a diagnosis of a qualifying autism spectrum disorder (DSM IV/V or ICD 10) made using a professionally recognised clinical and psychological assessment procedure.**
* **Copy of a recommendation to attend an ASD class, attached to a mainstream school dated less than two years previous to the proposed admission date.**
* **A Letter of acceptance from clinical support services with your child’s learning challenges**

***All sections of this application form must be signed .***

**Section 4 : Declaration by Parent(s) / Guardian(s).**

**I/We, the parents / Guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that the details provided on this form are true and accurate, and that all relevant information pertaining to the child has been included with this application. We agree to co operate with and support all school policies as formulated by the school authorities.**

**Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

***Please enclose a copies of the child’s baptismal certificate***

***(if applicable)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**I give permission to allow my family details (name, address, date of birth)etc to be given to agencies such as:**

**( HSE, School Nurse, Doctor, Dentist) etc:**

**Parents Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you willing to allow your child receive learning support if the class teacher thinks he/she would benefit. Please tick appropriate box below:**

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**Yes No**

**From time to time the pupils are taken on local school trips e.g. to the library and playground. In order for your child to be included we need your permission**

**I give permission for my son / daughter (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**to undertake local school trips. I understand that they will be appropriately supervised at all times**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Department of Education & Skills has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil’s parents /guardian to identify their child’s religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.**

**To which ethnic or cultural background group does your child belong? (please circle one)**

**(Categories are taken from the Census of Population)**

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**White Irish Irish Traveller Roma**

****

**Any other White Background Black African Any other Black Background**

****

**Chinese Any other Asian Other (inc mixed Background) **

**Background**

**What is your child’s religion? (please circle one)**

****

**Roman Catholic Church of Ireland Presbyterian **

**(incl Protestant)**

**Methodist, Wesleyans Apostolic, Muslim (Islamic) **

**Pentecostal**

****

**Orthodox (Greek, Coptic, Russian) Jehovah’s Witness Lutheran **

**Atheist Baptist Agnostic **

****

**Other Religions No Religion No Consent**

**I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary school my child may transfer to during the course of their time in primary school.**

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

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

**Please complete this form and return to your primary school.**

**For further information on POD (Primary Online Database) please go to the Department of Education and Skills website** [**www.education.ie**](http://www.education.ie)