

ENROLMENT FORM

ASD Class



Child's Name (as on birth cert)				Date of Birth	
Address				Eircode:	
Child's PPS No.		Home phone		Birth cert (<i>enclosed</i>)	[]
Nationality of Child			Emergency Name & Contact (Not parents)		
Date starting School			Class		
Mother's Name			Father's Name		
Marital Status	Mother: Married [] Single [] Other []	Father: Married [] Single [] Other []	Medical Card Yes [] No [] (Please tick)		
Mother's Mobile			Father's Mobile		
Mother's email <small>Please print clearly</small>			Father's email <small>Please print clearly</small>		
Mother's Present Employment			Father's Present Employment		
Mother's Level of Education	Primary [] Junior Cert [] Leaving Cert [] FETAC [] Degree []	Father's Level of Education	Primary [] Junior Cert [] Leaving Cert [] FETAC [] Degree []		
Nationality of Mother			Nationality of Father		
Brothers / Sister(s) in this School	Name	Class	Name, Address & Phone No. of previous school / Preschool.		
Does your son/ daughter have any allergies or medical conditions that the school should be aware of?					
In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to a doctor or the hospital?					
Yes: [] No: []					
<u>IMPORTANT:</u>					
Has your child ever received support from any of the following? (If yes please submit most recent report).					
Psychologist Assessment	Yes []	No []			
Speech & Language Therapy	Yes []	No []			
Physiotherapy	Yes []	No []			
Occupational Therapy	Yes []	No []			
Other: Please specify					
PLEASE NOTE YOU MUST ATTACH THE FOLLOWING:					
BIRTH CERTIFICATE [] RECENT UTILITY BILL any of the following {Gas, Electricity, Telephone} []					

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

(Categories are taken from the Census of Population)

- | | | | | | |
|--------------------------------|--------------------------|---|-------------------------------------|------------|--------------------------|
| White Irish | <input type="checkbox"/> | Any other White Background | <input checked="" type="checkbox"/> | | |
| Black or Black Irish -African | <input type="checkbox"/> | Black or Black Irish – Any other Black Background | <input type="checkbox"/> | | |
| Asian or Asian Irish - Chinese | <input type="checkbox"/> | Asian or Asian Irish – Any other Asian background | <input type="checkbox"/> | | |
| Other (inc. mixed background) | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | No consent | <input type="checkbox"/> |
| Roma | <input type="checkbox"/> | | | | |

What is your child's religion?

- | | | | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|--------------------------|-----------------|--------------------------|
| Roman Catholic | <input type="checkbox"/> | Church of Ireland (incl. Protestant) | <input type="checkbox"/> | Presbyterian | <input type="checkbox"/> |
| Methodist, Wesleyan | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Muslim(Islamic) | <input type="checkbox"/> |
| Orthodox (Greek, Coptic, Russian) | <input type="checkbox"/> | Apostolic or Pentecostal | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Jehovah's Witness | <input type="checkbox"/> | Lutheran | <input type="checkbox"/> |
| Atheist | <input checked="" type="checkbox"/> | Baptist | <input type="checkbox"/> | Agnostic | <input type="checkbox"/> |
| Other Religions | <input checked="" type="checkbox"/> | No Religion | <input type="checkbox"/> | No Consent | <input type="checkbox"/> |

If Roman Catholic: Place of Baptism _____

Baptismal Cert Enclosed Yes No

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes No

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

Signed: _____

Parent/Guardian

Date: _____

Please note: Application does not guarantee a place in our ASD Class. Applications will be placed on a waiting list and places will be allocated firstly on the basis of the ASD enrolment criteria (as per enrolment policy) and then filled on a first come first served basis.

The Following items must accompany your application form:

1. A recent psychological report with a primary diagnosis of autism
2. The report must be provided by a qualified professional and cannot be more than two years old
3. The report must have a recommendation for a placement in a class for children with ASD in a mainstream school.
4. A report from a member of a multi-disciplinary team should also be provided.

"We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose."