***Holy Family School***

***Application for Enrolment 2024-2025***

|  |
| --- |
| **Child’s Details** |
| **Please affix a** **photo of** **your child** | Name |  |
| D.O.B. |  |
| PPS Number |  |
| Address |  |
| Eircode |  |

* **What is the nature of your child’s disability?**

|  |  |
| --- | --- |
| Severe / Profound |  |
| Moderate |  |
| Autism in addition to one of the above |  |

Please attach the most recent psychological assessment.

* **What is your current placement?**

|  |  |
| --- | --- |
| Pre-school |  |
| Mainstream school |  |
| Special school |  |
| ASD class attached to mainstream school |  |
| At home |  |
| Other  |  |

* **Child’s current level of need**

|  |  |
| --- | --- |
| **Eating / drinking** |  |
| **Sleep** |  |
| **Dietary needs** |  |
| **Mobility** |  |
| **Communication:**How does your child communicate?Gesture, Lámh, PECS, speech |  |
| **Social Interaction:**How does your child interact with family and others? |  |
| **Outings in the community:**How does your child react in shopping centers, parks, playgrounds? |  |
| **Toileting:**Is your child toilet trained? |  |
| **Sensory Issues:**How does your child react to noise, smell, touch? |  |
| **Medication:**Is your child on any prescribed medication? |  |

|  |  |  |
| --- | --- | --- |
| Contact Details | Telephone Number | Email Address |
| Parent/Guardian 1 |  |  |
| Parent/Guardian 2 |  |  |

Special permission will be sought from parents / guardians if the school wishes to share information with a third party.

I consent to the use of this information supplied in this way.

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

 Parent / Guardian

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

 Parent / Guardian

**Application Form for Enrolment 2024-2025**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 / We the undersigned hereby give consent to Holy Family School to access and share the following reports / programmes with other bodies relevant to achieving school placement.

Pre-school YES ▢ NO ▢

School YES ▢ NO ▢

Physiotherapy YES ▢ NO ▢

Psychology YES ▢ NO ▢

Occupational Therapy YES ▢ NO ▢

Speech & Language Therapy YES ▢ NO ▢

Social Work YES ▢ NO ▢

Paediatrician YES ▢ NO ▢

Other Consultants YES ▢ NO ▢

Any other relevant reports on file YES ▢ NO ▢

The information collected on this form will be held by Holy Family School in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 2018. The purpose of holding this information is for administration, and to facilitate the school in meeting the pupil’s educational and / or medical needs etc.

Disclosure of any of this information to statutory bodies such as the Department of Education & Skills or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents / Guardians or pupils aged 18 or over if the school wishes to disclose this information to a third party for any other reason.

Parents / Guardians of pupils and pupils aged 18 or over have a right to access the personal data held on them by the school and to correct if necessary.

I consent to the use of the information supplied as described.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***Checklist for Applicant*** |
| Completed all sections of Application Form | YES ▢ NO ▢ |
| Proof of address x 2 (Utility Bill within last 6 months, Recent Letterhead from CDNT, Enable Ireland, Hospital Appointment letter etc) | YES ▢ NO ▢ |
| Birth certificate | YES ▢ NO ▢ |
| Recent Psychological Assessment*Please note that to meet the category of the school this report must confirm your child’s diagnosis of Moderate learning disability, Severe /Profound learning disability or Autism in addition to Moderate or Severe/Profound learning disability.* | YES ▢ NO ▢ |
| **Other available professional reports in relation to your child e.g.** |
| School Report from current school | YES ▢ NO ▢ |
| Individual Education Plan from current school | YES ▢ NO ▢ |
| Speech and Language Report | YES ▢ NO ▢ |
| Occupational Therapy Report | YES ▢ NO ▢ |
| Early Intervention Team Report | YES ▢ NO ▢ |
| Medical Report | YES ▢ NO ▢ |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES ▢ NO ▢ |
| ***Office Use Only***  |
| **Data Received:** |
| Application Form | YES ▢ NO ▢ |
| Proof of address | YES ▢ NO ▢ |
| Birth Certificate | YES ▢ NO ▢ |
| Psychological Assessment | YES ▢ NO ▢ |
| Additional assessment / reports included | YES ▢ NO ▢ |
| Within catchment area | YES ▢ NO ▢ |
| Completed Application | YES ▢ NO ▢ |