DD01015_

**Virgin Mary Boys' National School**



Shangan Road,

Ballymun,

Dublin,

D09 H2F2.

Phone: 01-8421314

Email: info@virginmarybns.ie

Website: [www.virginmarybns.ie](http://www.virginmarybns.ie)

Roll No. 19302U

**Special Class for Children with Autism Spectrum Disorder (ASD) Enrolment Application Form**

**This form must be returned to the principal of The Virgin Mary BNS**

**Please note – this is an application form. It is not a guarantee of a place**

**If your child is offered a place you must attend a meeting with the principal. If you do not attend, your child may not be able to start on the first day of school.**

**This is school policy.**

**Please return this form accompanied by the following supporting documentation**

* **Your child’s original Birth Certificate**

**(We will copy it in the office & return the original to you)**

* **A copy of your child’s Baptismal Certificate where applicable**
* **Proof of address (electricity bill/gas bill/bank statement) dated within six months of application**
* **A recent (no more than two years old) psychological assessment (see Admissions Policy) with a recommendation for placement in a Special class.**
* **Any other relevant reports - speech and language therapy/occupational therapy/psychological reports**

***Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.***

Childs name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Yes

Name on Birth Cert if different:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Cert

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.P.S.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required by the Department of Education – Primary Online Database (POD)**

Mothers name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fathers name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous School / Playschool:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Yes

Consent to contact and access relevant reports / assessments etc.

Number of children in the family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of child in family:\_\_\_\_\_\_\_\_\_\_\_\_

Names and class of sisters(s) / brother(s) already in the Virgin Mary BNS/GNS school:

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

Language(s) spoken at home:1st language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have a religion?**

No

Yes

**Please note, religion is not a criteria for enrolment.**

Yes

No

Roman Catholic\_\_\_\_\_\_\_\_ Baptismal Cert

Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**No Consent**\_\_\_\_\_\_\_\_\_\_\_\_

Does your child appear to have any difficulties with the following;

No

Yes

Yes

Yes

No

No

Hearing: Speech: Eyesight:

If you have answered **‘yes’** to any/all of the above please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child suffer from any medical condition?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Asthma, Anaphylactic shock, Asperger’s Syndrome, ADD, ADHD, Autism, Cerebral Palsy, Diabetes, Dyspraxia, Epilepsy or any other diagnosed condition.**

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if yes details please)

No

Yes

No

Yes

Does any legal order under the family law exist that the school should know about?

If **‘Yes’** is there any person into whose custody your child should not to be given? Please attach details.

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

I give permission for my child to take part in all class outings, activities and events unless I directly contact the teacher to state otherwise

No

Yes

I give permission for the Virgin Mary B.N.S. to take and use photographs and / or digital images for use in printed publications, electronic publications and classroom displays.

Yes

No

I give permission for my child to be assessed by the S.E.N. team when deemed appropriate, to be involved in in-class programmes set up by the S.E.N. team and to receive learning support either individually or in a group when deemed necessary.

No

Yes

No

Yes

I agree that the pupil enrolled will be subject to our schools codes and policies.

I agree that he will comply fully with all School Rules in Virgin Mary Boys’ National School.

No

Yes

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.

No

Yes

No

Yes

The information I have given in this form is correct.

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

**Parent/ Guardian**

**----------------------------------------------------------------------------------------------------------------------------------**

**Please ensure you have include the following documents as otherwise your application will not be considered: PLEASE CHECK**

|  |  |
| --- | --- |
| **Birth certificate** |  |
| **Recent psychological Report (completed in last two years)** |  |
| **Proof of address ( no older than 6 months)** |  |

**Please include a Baptism certificate if relevant and any other relevant reports-speech and language/Occupational therapy etc.**