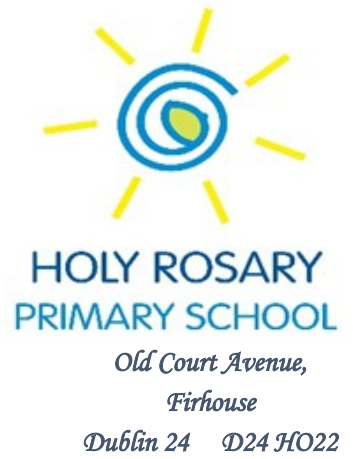


'Mol an Óige agus tiocfaidh sí'
Praise the young and they will blossom

Tel: 4521369 **Fax:** 4137601
Email: holyrosaryps1@gmail.com
Web: www.holyrosaryps.ie

Príomh Oide: Dolores Kelly



APPLICATION FOR ENROLMENT TO AUTISM CLASS

Our Mission Statement "Recognising and embracing the diversity within the community we are committed to developing the individual pupil in a secure and challenging learning environment."

CHILD'S INFORMATION

First Name: _____ **Surname:** _____

P.P.S No: _____ **Date of Birth:** _____

Address _____ **Country of Birth:** _____

Nationality: _____

Boy **Girl**

Eircode: _____

GP's Name: _____ **GP's Phone Number:** _____

GP's Address: _____

Relevant Health/Medical Information;

Mother's Maiden Name: _____

What is the language spoken at home? _____

Have you children already attending this school? **Yes** **No**

Office Use Only: Date completed Application for Enrolment received _____

PARENTAL INFORMATION

Mother/
Guardian's Name: _____ Father/
Guardian's Name: _____

Country of Birth: _____ Country of Birth: _____

Address: _____ Address: _____

(If different from child's)

(If different from child's)

Mobile No: _____ Mobile No: _____

Home No: _____ Home No: _____

Work No: _____ Work No: _____

Email : _____ Email: _____

Contact in Case of Emergency **(in the event parent can't be contacted)**:

Name: _____ Phone No: _____

Relationship to child: _____

PRESCHOOL/PREVIOUS SCHOOL

Has your child attended preschool? Yes No No. of Years Attended

If yes, state name and address of preschool _____

Has your child attended another Primary school? Yes No Years Attended

If yes, state name and address of the school _____

OTHER RELEVANT INFORMATION

Has your child attended any of the following services:

- Speech and Language Therapy Yes No
- Occupational Therapy Yes No
- Psychology Yes No
- Hearing/Vision Services Yes No

If you have answered yes to any of the above please provide any professional reports.

To which ethnic or cultural background group does your child belong?

Please tick one. (Categories are taken from the Census of Population).

White Irish

Irish Traveller

Any other White Background

Black African

Any other Black Background

Chinese

Any other Asian Background

Roma

Other (incl.mixed background)

I do not consent to provide the above information

What is your child's religion?

Roman Catholic

Church of Ireland
(incl protestant)

Presbyterian

Methodist, Wesleyan

Jewish

Muslim (Islamic)

Orthodox (Greek,
Coptic, Russian)

Apostolic or Pentecostal

Hindu

Buddhist

Jehovah's Witness

Lutheran

Atheist

Baptist

Agnostic

Other Religion

I do not consent to provide the above information

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 schools my child may transfer to during the course of their time in primary school.

Signed: _____ Date: _____

Parent/Guardian/Student

For further information on POD please go to the Department of Education and Skills' website www.education.ie

THE FOLLOWING DOCUMENTS **MUST** ACCOMPANY THIS FORM

A copy of the Child's **Birth Cert**

Two proof of current residence documents supplied (e.g. recent ESB, Gas Bill)

A copy professional report diagnosing Autism Spectrum Disorder (ASD)

A copy of the Letter of Eligibility for placement in a special class from the NCSE

PARENTAL CONSENT

Medical Emergencies

During the course of the school day children can have little accidents and cut or bump themselves. I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident. (We will always try to contact parents first.)

Yes No

School Website/Publications

I give consent for the use of school related photographic images which include my son/daughter on the school website or in other school publications or displays. I understand that s/he will not be identified individually.

Yes No

Activities Outside/After School

During the school year classes may undertake activities outside the school premises e.g. visiting the local library, park etc. I consent that my child may do so.

Yes No

Competitions

I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.

Yes No

D.T. (Digital Technology)

I give consent for my child to use the computers in the school in line with the school's Acceptable Use Policy and for children to use EPortfolios to store their work such as Edmodo, Clasdojo and Seesaw.

Yes No

HSE Appointments

The HSE request contact information from the school to arrange appointments for children e.g. dentist, hearing, vaccinations. Do you give permission to the school to release your contact details?

Yes No

- ◆ In signing this application for enrolment I/we agree to support the Board of Management and staff in their implementation of school policies. Yes No
- ◆ I/we accept the school policies including policies on Code of Behaviour, Anti-Bullying, Child Protection etc. These are available on request from the office or from the school website www.holyrosaryps.ie. Yes No
- ◆ I/we are aware that the **Stay Safe Programme** is taught as part of our SPHE curriculum. Yes No
- ◆ I/we accept that the data relating to this application will be retained in the school and that the school uses a secure management system called Aladdin to administer information relating to pupil data (e.g. contact details, attendance and that in making this application I/we are consenting to its usage. Further information can be found on www.Aladdin.ie Yes No
- ◆ I/We agree to support the staff in their efforts to provide a positive learning experience for all children in the school. Yes No

Signed: _____

Date: _____

Mother/Guardian

Signed: _____

Date: _____

Father/Guardian

NB: Incomplete Applications will not be considered