St. Michael's House Special National School,
Raheny Road, Raheny, Dublin 5

# Admissions Application Form

Note: Completion of this form does not guarantee your child a place in the school. All enquiries to the Principal at 01-8511600

## Child's Biographical Details:

| | |
|---|---|
| **First Forename:** | **Surname:** |
| **Birth Cert Forename** (if different to above): | **Birth Cert Surname** (if different to above): |
| **Address:** | |
| **Gender:** Male ☐ Female ☐ | **Nationality:** |
| **PPS Number:** | **Date of Birth:** |
| **Diagnosis** (as per psychological assessment): | |
| **Primary language spoken at home:** | |
| | |
| **Expected Date of Enrolment:** | |

## Parents/ Guardians details:

| | |
|---|---|
| ***Mother/ Guardian 1*** | |
| **Forename:** | **Surname:** |
| **Nationality:** | **Birth Surname:** |
| **Language Spoken:** | |
| **Address** (if different to child's): | |
| **Mobile phone:** | **Home phone:** |
| **Email:** | |
| ***Father/ Guardian 2*** | |
| **Forename:** | **Surname:** |
| **Nationality:** | **Language Spoken:** |
| **Email:** | |
| **Address** (if different to child's): | |
| **Mobile phone:** | **Home phone:** |

## Educational History:

| |
|---|
| **Where was your child's previous enrolment?** |

| Pre-school ☐ | ☐ Mainstream School in the State | ☐ At home |
|---|---|---|
| Special school in the State ☐ | ☐ School in Northern Ireland | ☐ School abroad |
| Private school in the State | ☐ Other | ☐ |

| **Name of previous school:** | |
|---|---|
| **Address:** | |
| **Number of years in previous school:** | **Telephone No.:** |
| **Assessments/ Reports submitted from previous school?** | Yes ☐ No ☐ |

## Childhood Illnesses:

**Comment on any childhood illness that will impact your child's life in school** (type, duration, impact of condition, etc.):

| **Has he/she any problems in the following areas?** | **If 'Yes', please give details** |
|---|---|
| **Sight:** Yes ☐ No ☐ | |
| **Hearing:** Yes ☐ No ☐ | |
| **Speech:** Yes ☐ No ☐ | |
| **Chest** (asthma)**:** Yes ☐ No ☐ | |
| **Kidneys:** Yes ☐ No ☐ | |
| **Alergies:** Yes ☐ No ☐ | |
| **Physical** Yes ☐ No ☐ **Co-ordination:** | |
| **Temperament/** Yes ☐ No ☐ **Behaviour:** | |
| **Sociability:** Yes ☐ No ☐ | |
| **Concentration:** Yes ☐ No ☐ | |
| **Has s/he been referred to any clinic or specialist?** | |

| Yes ☐ | No ☐ |
|---|---|
| **If 'Yes', give details:** | |

## Medication:

| | |
|---|---|
| **Is your child on any long-term medication(s)?** | Yes ☐ No ☐ |
| **If 'Yes', give details:** | |
| **Will your child need medication in school?** | Yes ☐ No ☐ |
| **If 'Yes', give details:** | |

## Support from Other Agencies:

| **Has s/he been referred to or attended a service/ agency before now, for any of the following?** | **If 'Yes' give details** (name of agency/ service, how long attended, etc.): |
|---|---|
| **Speech Therapist:** Yes ☐ No ☐ | |
| **Social Worker:** Yes ☐ No ☐ | |
| **Psychologist:** Yes ☐ No ☐ | |
| **Occupational Therapist:** Yes ☐ No ☐ | |
| **Early Intervention Team:** Yes ☐ No ☐ | |
| **Other specialist:** Yes ☐ No ☐<br>**Specify:** | |
| **Please attach a copy of any reports that you have from any of the above professionals.** | |

## Social Training/ Self Help Details:

| **Can your child feed him/herself unaided?** Yes ☐ No ☐ |
|---|
| **If 'No' please give details of how much assistance he/she requires:** |
| **Please give details of how much assistance your child requires with dressing:** |
| **Please give details of your child's toileting needs:** |
| **Please give details of any specialized equipment your child uses/ needs** (assistive technology, stander, hoist, walking aids, etc.)**:** |

## Further Comment /Guidance:

| **Any other comments/ guidance that would help the school/ teacher:** |
|---|

Should there be any confidential information that you do not wish to put on this form, this can be discussed with the Principal at any time.

**Parent/ Guardian 1 signature:** **Date:**

**Parent/ Guardian 2 signature:** **Date:**

## Checklist for Applicant:

| | | | | |
|---|---|---|---|---|
| Completed all sections of the Admissions Application Form | Yes | ☐ | No | ☐ |
| Proof of Address | Yes | ☐ | No | ☐ |
| Birth Certificate | Yes | ☐ | No | ☐ |
| Recent Psychological Assessment | Yes | ☐ | No | ☐ |
| Report stating your child has a primary diagnosis of a Moderate General Learning Disability | Yes | ☐ | No | ☐ |
| A recent recommendation, not more than two years prior to the proposed admission date, indicating that a special school placement is both necessary and suitable for the child | Yes | ☐ | No | ☐ |
| School Report from current school | Yes | ☐ | No | ☐ |
| Individual Educational Plan from current school | Yes | ☐ | No | ☐ |
| All other professional reports available in relation to your child, e.g. | | | | |
| Speech and Language Report | Yes | ☐ | No | ☐ |
| Social Work Report | Yes | ☐ | No | ☐ |
| Occupational Therapy Report | Yes | ☐ | No | ☐ |
| Early Intervention Team Report | Yes | ☐ | No | ☐ |
| Physiotherapy Report | Yes | ☐ | No | ☐ |
| Psychiatric Report | Yes | ☐ | No | ☐ |
| Medical Report | Yes | ☐ | No | ☐ |

## Official Use Only:

| | | | | |
|---|---|---|---|---|
| Date Received: | | | | |
| Completed Form: | Yes | ☐ | No | ☐ |
| Proof of Address: | Yes | ☐ | No | ☐ |
| Birth Certificate | Yes | ☐ | No | ☐ |
| Within Catchment Area: | Yes | ☐ | No | ☐ |
| Recent Psychological Assessment: | Yes | ☐ | No | ☐ |
| All additional assessments/ reports included: | Yes | ☐ | No | ☐ |
| Valid Application: | Yes | ☐ | No | ☐ |
| Principal’s Signature: | | | | |