

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:

Forename:	Surname:
Birth Cert Forename (if different to above):	Birth Cert Surname (if different to above):
Address:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality:
PPS Number:	Date of Birth:
Diagnosis (as per psychological assessment):	
Primary language spoken at home:	
Expected Date of Enrolment:	

Parents/ Guardians details:

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

Allergies: Yes No

Physical Co-ordination: Yes No

Temperament/Behaviour: Yes No

Social Skills: 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

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	<input type="checkbox"/>	No	<input type="checkbox"/>
Birth Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2 Proof of Address (dated within the last four months)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Psychological Assessment from within the last 2 years confirming that the applicant student's primary assessed disability is Moderate General Learning Disability.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A recent recommendation, not more than two years prior to the date of application, indicating that a special school placement is both necessary and suitable for the child	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Official Use Only:

Date Received:				
Completed Form:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Proof of Address:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Birth Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Within Catchment Area:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recent Psychological Assessment:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Valid Application:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Principal's Signature:				