



St. Joseph's Junior National School, Balcurreis Rd, D11 ND82

Phone: 01 8421801

Email: principalstjosjun@gmail.com

Website: www.stjosephsjuniorschool.com

Date of Admission: _____

Class: _____

Teacher: _____

Date of Leaving: _____

Enrolment form for ASD Class

Child's Details:

*Name:	
*Birth Cert Name:	
*Date of Birth:	
*PPSN No.: Required by the Department of Education — Primary Online Database	
*Current Address:	
*Religion:	
•Child's Nationality:	
Current educational Setting: Name of Early Intervention Setting / Pre-School Setting / Mainstream Primary School Setting & how many years your child has been in that setting:	No. years :
Any medical conditions?:	
Does your child appear to have an difficulty with the following :	Hearing : No Yes Speech : No Yes Eyesight : No Yes
If you 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 etc. If 'yes' please give details : _____	
Does your child have any allergies ?	
*To which ethnic or cultural background group does your child belong to? (Please tick one)	
White Irish Irish Traveller Roma	
Any other White background	
Black African Any other Black background	
Chinese Any other Asian background	
Other - including mixed race backgrounds	<input type="checkbox"/>

*Is one of your child's mother tongues, i.e. language spoken at home, Irish or English? Yes No
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Number of children in family:	
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Names of siblings attending St. Joseph's National School:	
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Doctor's Name:	
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Doctor's Address:	
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Doctor's Contact No.	
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Parent/Guardian (a) Name:	
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*Maiden Name:	
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Address:	
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Contact Numbers: Home:	
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Mobile:	
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Work:	
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•Email:	
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Parent/Guardian (b) Name:	
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*Maiden Name:	
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Address:	
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Contact No's: Home:	
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Mobile:	
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Work:	
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*Email:	
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Name of person: (not listed above). Relationship to Child:	
Contact number(s):	

Birth Certificate: Yes / No

Baptismal Certificate: Yes / No

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

If 'Yes' is there any person into whose custody you child should not be given ?

Please attach details.

Each child applying for a place in the special class for pupils with ASD, must have a diagnosis of Autism/ Autistic Spectrum Disorder using DSM V or ICD 10 criteria as set out by a professional/individual approved by the Department of Education and skills and a Multi-Disciplinary Assessment Report. This report must be current and must include a recommendation that a placement in a special class in a mainstream school is both necessary and suitable for the child. Please attach this report to this application.

Please note: Application does not guarantee a place in our ASD Class. Applications will be placed on a waiting list and places will be allocated firstly on the basis of the ASD enrolment criteria (as per Enrolment Policy, copy available on www.stjosephsjuniorschool.com) and then filled on a first come first served basis.

The Following items must accompany your application form:

1. A recent psychological report with a primary diagnosis of autism
2. The report must be provided by a qualified professional and cannot be more than two years old
3. The report must have a recommendation for a placement in a class for children with ASD in a mainstream school.
4. A report from a member of a multi-disciplinary team should also be provided.

Reports attached

Psychological/Psychiatric
Assessment:

Date completed:

Medical Report:

Date completed:

Other:

Date completed:

Other:

Date completed:

SCHOOL POLICIES

Parents should also understand that in accepting a place in St. Joseph's Junior National School they agree to abide by all school policies and codes of behaviour. I agree that she will comply fully with all School Rules, (Policies are available on our school website www.stjosephsjuniorschool.com)

Initials of
parent/guardian

◆ Have you read the school's policy on Enrolment Applications? Do you accept and agree to abide by this policy?

Yes / No
Yes / No

◆ Have you read the school's Code of Behaviour?

Do you accept and agree to abide by the policy and agree to implement it?

Yes / No
Yes / No

◆ In case of medical emergency, if you are not contactable, do you give your permission to allow your child to be given life-saving treatment in your absence, brought to a G.P. or local hospital? Yes / No

◆ As a Catholic school, we teach the Alive-O/Grow in Love programme. Do you agree to your child taking part in the preparation for the Sacraments of the Catholic Church (First Confession, First Communion and Confirmation), taking part in daily lessons, daily prayers and attending/taking part in events that coincide with the liturgical calendar? Yes / No

◆ We publish newsletters and use photographs of the children in our newsletter, on the school's website and in displays in the school. Do you give permission for your child's photograph to be used (name will not be included) in these newsletters on the website or in displays in the school? Yes / No

During the course of any school year, children may leave the school to attend or visit the church, library, theatre, school tours, swimming, games etc. Do you give permission to allow your child to attend all such functions, with the understanding that you will be notified of such trips before they occur? Yes / No

The Department of Education & Skills have developed a Pupil On-line Database (POD), which requires a school to provide individual details about your child, including — PPS No., Name, Address, Date of Birth and Nationality. Two optional pieces of information are also requested: Religion & Ethnic/Cultural background. As these last two pieces of information are considered to be sensitive personal data (under Data Protection Legislation) written consent is required for them to be transferred to the POD system. Please indicate that you have been made aware and give consent to this request. Yes / No

Is there any other information that the school may need to know?

Completion of this application form does not guarantee your child a place in the school. A letter of acceptance or otherwise will follow in due course.

Privacy: As per the Data Protection Act, any information sent by you will be treated in the strictest confidence and used only for school records.

Please ensure that you include a copy of the Birth Certificate.

A COPY of the Baptismal Certificate (if you wish your child to take Part in receiving the Sacraments (Communion)). If original documents given, these will be photocopied in the office and returned to you.

Information required by the Department of Education is marked with an asterisk *

Parent(s) / Guardian(s) Signature(s)

Date :

Date:

Office Use Only:

OFFICE USE ONLY ;	Date of admission :	Registration Number :
_____	_____	_____
Class : _____		Teacher _____
Date of leaving: _____		: _____
Birth : Yes <input type="checkbox"/> No <input type="checkbox"/>		_____ Certificate : Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate •		Destination : _____
		Baptismal Certificate .