**St Joseph’s Special School Enrolment Application Form**

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| 1. **STUDENT DETAILS** | | | | | | | | | |
| **Name of student** |  | | | | | | **Gender** | **M** | **F** |
| **Previous School / Preschool** |  | | | | | |  |  |
| **Home Address** |  | | | | | | **Eircode** | | |
|  | | |
| **PPSN** |  | | | | **Date of Birth** | |  | | |
| **Nationality** |  | | | | **Religion** | |  | | |
| **GP or Family Doctor Name, Address Phone** |  | | | | **Category of assessed disability** | | **Moderate GLD**  **ASD**  **Multiple**  **Other, please specify:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Medical Needs / Allergies /**  **Medication** |  | | | | | |
| **B. PARENT DETAILS** | | | | | | | | | |
| **Names** |  | | |  | | | | | |
| **Phone Numbers** |  | | |  | | | | | |
| **Email address** |  | | | | | | | | |
| **Email address** |  | | | | | | | | |
| **C. DETAILS OF PROFESSIONAL REPORT(S)** | | | | | | | | | |
| **Professional** | | **Please tick ✓** | **Author of report** | | | **Date of Report** | | | |
| **Psychologist** | |  |  | | |  | | | |
| **Visiting Teacher** | |  |  | | |  | | | |
| **Occupational Therapist** | |  |  | | |  | | | |
| **Psychiatrist** | |  |  | | |  | | | |
| **Speech and Language Therapist** | |  |  | | |  | | | |
| **Other, please specify** | |  |  | | |  | | | |

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| --- | --- | --- | --- |
| D. **Evidence of Complex Educational Needs** | | | |
| Please describe your understanding of the student’s complex and/or severe educational needs requiring the support of a special school/special class. | | | |
| Please provide information on interventions used to date to support the student’s learning in educational settings. | | | |
| **Moderate General learning Disability** | Such pupils have been assessed by a psychologist as having a moderate general learning disability. The pupil will have been assessed as having a moderate general learning disability (the pupils full-scale IQ score will have been assessed in the range 35 – 49).  Evidence of complex educational needs outlined in professional report.  Recommendation contained in a professional report/letter that special school/special class placement is required with rationale for same. |

**Documentation**

Please ensure that all of the following is supplied with the application.

Birth Certificate - copy

Proof of address (any)

A detailed report from a psychologist, psychiatrist or a member of a multi-disciplinary team.

This must set out the child’s primary and secondary diagnoses and confirm that the child is functioning in the **moderate cognitive and moderate adaptive ranges**. It must also state that special school is recommended, and **why**. If the child requires access to bus transport, a bus escort and in class SNA support, please have this noted clearly in the report.

Any other relevant reports – for example: Speech & Language, Occupational Therapy or medical.

**Please read and sign below**

I understand that

* The receipt of an application form does not guarantee that the child will be offered a place. **Not everybody who applies will get a place in the school.**
* It is my responsibility to inform the school of any change of contact details or other relevant circumstances.
* If I get offered a place and have not replied to a confirmed offer of a place for **14 days** of the offer being made, I will have forfeited my child’s place on the enrolment list.
* failure to provide all relevant medical and behavioural reports (as defined in the Enrolment policy) may invalidate this application and may result in my child’s place in the school being forfeited prior to or after enrolment.

**Please tick each box to indicate that consent**

1. I have read the Enrolment policy and I confirm that I accept the terms of the application and enrolment process. I understand that these terms will continue for the duration of my child’s enrolment in the school.
2. I have read the Code of Behaviour & all school policies and I confirm that I will work with my child to ensure that they comply with them.
3. I consent to data sharing with the HSE for use in dental / doctor / medical / vaccine visits.

**Parent / Guardian Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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