**SCHOOL APPLICATION FORM**

St. Mary’s Special School is a data controller under the Data Protection Act 1988 and 2003. The personal data supplied on this application form is required for the purposes of:

* Student enrolment
* Student registration
* Allocation of teachers and resources to the school
* Determining a pupil’s eligibility for additional supports (incl. transport)
* School administration.
* Child welfare (including medical welfare).

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| **Child’s Full Name:** |
| Male □Female □ | Date of Birth (Attach Copy of Birth Cert.)

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 |
| Home Address: | Child’s PPS No

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| Previous School/Pre-school (if any): |  |
| Current class/year group: |  |
| Nationality: |  |
| Language spoken at home: |  |
| Religion (not entered on POD): |  |
| Date of Baptism (if applicable): |  |
| 1. Date of most recent **Psychological report** and name of psychologist who completed it
2. Other professional reports e.g

**Occupational Therapy, Speech & Language Therapy** etc. (If available). |  |
| Does your child have any medical concerns/conditions or allergies that the school should be aware of? |  |
| Proposed date of entry to the school | September 2024 |
| Which class/year group are you applying for?Please tick the appropriate box and include what year group you are applying for.**PLEASE CHECK THE CURRENT ADMISSIONS NOTICE FOR AVAILABLE SPACES.** | **Mild General Learning Disability**(For students with a Mild General Learning Disability as their Primary Diagnosis – these classes are **not ASD specific classes)** |
| **Primary**Aged 4 – 12 years |  |
| **Post Primary**Aged 13 – 18 years |  |
| **ASD classes** |
| **Lower Primary**6-8 yrs old |  |
| **Upper Primary**9-12 yrs old |  |
| **Lower Secondary** 13 – 15 yrs old |  |

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| Parent/Guardian 1 Details | Parent/Guardian 2 Details |
| First Name: | First Name: |
| Last Name: | Last Name. |
| Relationship to Child: | Relationship to Child: |
| Address: | Address: |
| Phone No. (Home): | Phone No. (Home) |
| Phone No. (Work): | Phone No. (Work): |
| Phone No. (Mobile): | Phone No. (Mobile): |
| E-Mail Address: | E-Mail Address: |
| Are you happy to be contacted by e-mail by the school if necessary? Yes. No.

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 | Are you happy to be contacted by e-mail by the school if necessary? Yes. No.

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| The school uses ‘Text a Parent’ system to contact parents and to keep you informed if important information. Please indicate the mobile number(s) you wish to be contacted with such texts. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile for texts – Name ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile for texts – Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I agree that application information may be shared with the NCSE for the purposes of ensuring my child and other children are able to access a school place. (Please tick)**

**Yes No**

Parent/Guardian 1:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that if your child enrols in the school we are required to enter their information details onto the Department of Education Primary Online Database (POD). More information on POD can be found at [www.education.ie](http://www.education.ie)

Our school uses [www.aladdinschools.com](http://www.aladdinschools.com) to store pupils information. Access to these profiles are restricted to authorised personnel only. All computerised records and systems are password protected in line with our Data Protection Policy.

**CHECKLIST OF ITEMS REQUIRED FOR A FULL APPLICATION**

***Please note that applications will not be considered by the Admissions Team until all relevant information has been forwarded to the school.***

***It is the responsibility of the parent/guardian to ensure that all information relevant to the application is made known to the school.***

* **Original Birth cert (will be returned)**
* **Completed signed application forms**
* **Signed consent form (permission for school to contact other schools, clinics, professionals involved with the pupil)**
* **Copies of all relevant reports i.e. recent reports - psychological (not more than two years old), speech & language therapy, occupational therapy, medical, psychiatric, physiotherapy, social work etc.**
* **Most recent school report**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent / Guardian**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian**

**CONSENT FORM**

**I/We give permission for the Principal and/or other professional(s) working in St. Mary’s School, Rochestown, Cork, to make enquiries of any previous school(s)/clinics attended by my son/daughter and to obtain copies of reports.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(address)

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_