



VIRGIN MARY GIRLS' NATIONAL SCHOOL

Shangan Road,
Ballymun,
Dublin,
D09 T2X6.

Phone: 01-8421614
Email: info@virginmarygns.ie
Website: www.virginmarygns.ie
Roll No. 19303W

Enrolment form for ASD Class

Child's Details:

*Name:	
*Birth Cert Name:	
*Date of Birth:	
*PPSN No.: <small>Required by the Department of Education – Primary Online Database</small>	
*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 <input type="checkbox"/> Yes <input type="checkbox"/> Speech : No <input type="checkbox"/> Yes <input type="checkbox"/> Eyesight : No <input type="checkbox"/> Yes <input type="checkbox"/>
If you answered 'yes' to any/all of the above please give details.	
Does your child suffer from any medical condition ?	
<i>Note : Asthma, Anaphylactic shock, Asperger's Syndrome, ADD, ADHD, Autism, Cerebral Palsy, Diabetes, Dyspraxia, Epilepsy etc.</i> 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 <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White background <input type="checkbox"/> Black African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Other-including mixed race background <input type="checkbox"/>	

***Is one of your child's mother tongues, i.e. language spoken at home, Irish or English? Yes / No**

Family Details:

Number of children in family:	
Names of siblings attending Virgin Mary Girls'/Boys' National School:	
Doctor's Name:	
Doctor's Address:	
Doctor's Contact No.	

Parent/Guardian Details:

Parent/Guardian (a) Name:	
*Maiden Name:	
Address:	
Contact Numbers:	
Home:	
Mobile:	
Work:	
*Email:	
Parent/Guardian (b) Name:	
*Maiden Name:	
Address:	
Contact No's:	
Home:	
Mobile:	
Work:	
*Email:	

Emergency Contact Details :

Name of person: <i>(not listed above).</i>	*
Relationship to Child:	*
Contact number(s):	*

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.virginmarygns.ie) 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 Virgin Mary Girls' 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.virginmarygns.ie).

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 daughter to take part in receiving the Sacraments [Communion & Confirmation]. 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 :

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