



AUTISM CLASS APPLICATION FORM

Scoil Náisiúnta Mhuire na mBráthar

Thank you for applying for a place in Scoil Mhuire CBS. The information sought hereunder is to enable the school to better prepare for your son's entry to Scoil Mhuire and to ensure that necessary supports are put in place. Some information – such as the PPS number and mother's maiden name (where applicable) – is sought to enable the school to furnish the required detail to register your son on the Primary Online Database of the Department of Education and Skills.

PERSONAL INFORMATION

Child's Name: _____

Date of Birth: _____

Child's PPS Number: _____

Number of children in the family: _____

Child's place in the family: _____

Nationality: _____

How long living in Ireland: _____

Language of the home: _____

Does your child have a medical card: _____

INFORMATION ON PARENT(S) AND GUARDIAN(S)

Parent or Guardian One

Name: _____

Relationship to the Child: _____

Address: _____

Contact Number: _____

Email Address: _____

Parent or Guardian Two

Name:

Relationship to the Child:

Address:

Contact Number:

Email Address:

Mother's Maiden Name:

Address where the Child resides:

I have attached dated proof of address:

Yes ☐

No ☐

**Are there any legal family issues which affect
your child and of which
the school should be made aware?**

Yes ☐

No ☐

EMERGENCY CONTACT DETAILS:

Emergency Contact One

Name:

Relationship to the Child:

Contact Number:

Emergency Contact Two

Name:

Relationship to the Child:

Contact Number:

HEALTH INFORMATION

Does your child have any medical conditions or allergies we should know about?

If yes, please give details:

Is your child on any medication?

If yes, please give details:

Has your child suffered from any other condition that could require immediate medical attention and / or any information that should be supplied to an ambulance in an emergency?

If yes, please give details:

Does your child have any special dietary requirements or allergies?

Other relevant information *(for example, loss or trauma in the child's life):*

EDUCATIONAL INFORMATION

Child's current school: _____

Attended from _____ **to** _____

Principal's name: _____

What are your son's special talents and interests?

Please ensure you have included all of the following items with your application:

A copy of a diagnosis of Autism, made using a professionally recognised clinical and psychological assessment procedure.

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A copy of a recommendation to attend an Autism Class attached to a mainstream school dated within two years of the date of application.

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Any other relevant letters or reports (*for example from clinical support services, speech and language therapy, or occupational therapy*).

☐

PARENTAL CONSENT FORM

1. I/We consent to my/our child undergoing school-based assessments where necessary or applicable.

Signature _____

2. I/We consent to Scoil Mhuire accessing all educational data (including support plans, assessment data, and end-of-year reports) from my/our son's previous school.

Signature _____

3. I/We give permission to the school, in the event of an emergency, to contact the emergency services prior to making contact with me or with the emergency numbers provided.

Signature _____

4. I/We give permission for my/our child to be brought and treated in hospital in the case of an emergency.

Signature _____

5. I/We give permission to the school to treat minor injuries with the use of water and antiseptic wipes.

Signature _____

6. I/We give permission to the school to use images of my/our child or their schoolwork for inclusion on the school website and, on occasion, to be featured in the news coverage: (for example on TV, in radio, and newspapers).

Signature _____

7. I/We give permission to the school for my/our child to go on educational trips outside the school grounds.

Signature _____

8. I/We give permission to the school for my/our child to access the internet for educational purposes, in line with our Acceptable User Policy (see website).

Signature _____

9. I/We give permission for my/our child to participate in the RSE (Relationships & Sexuality Education) aspect of the SPHE curriculum, as recommended by the DES and implemented by Scoil Mhuire CBS.

Signature _____