

Year of Entry: \_\_\_\_\_

# Marist National School

## ASD Class - APPLICATION FORM FOR ADMISSION

This is an Application Form for admission and does not constitute an offer of a place, implied or otherwise.

Child's Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ PPS Number \_\_\_\_\_

MOTHER'S NAME	Mobile No.	Nationality	Occupation
FATHER'S NAME	Mobile No.	Nationality	Occupation

**EMERGENCY CONTACT DETAILS.** Please make arrangements with 2 responsible adults (e.g. grandparents, aunts/uncles, close relations, neighbours) to act as emergency contacts in the event of the school not being able to contact you.

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
1.		Ph:
2.		Ph:

NAME, ADDRESS & PHONE NO. OF PREVIOUS SCHOOL OR PRE-SCHOOL

BROTHERS / SISTERS	NAME	AGE	SCHOOL ATTENDING
1.			
2.			
3.			

The following items **must** accompany your application form.

1. A recent psychological report with a primary diagnosis of *autism*. This report must be provided by a *qualified professional* and cannot be more than *two years old*. This report must have a recommendation for a placement in a class for children with ASD in a mainstream school.

2. A report from a member of a multi-disciplinary team should also be provided.

3. An Original Long Form Birth Certificate

4. One of the following: *(these must be dated within 2 months of this Application):*

- (a) ESB Bill (b) Gas Bill (c) Landline Telephone Bill (d) NTL Bill

**Marist National School - ADDITIONAL INFORMATION**

Your child may be entitled to school transport. Please ask for an application form from the school secretary.

I have enclosed an application form for school transport. I understand that this form is not a guarantee or implication of a guarantee of school transport

**ANY SPECIAL DIETARY REQUIREMENTS/RESTRICTIONS FOR RELIGIOUS AND/OR MEDICAL REASONS:-**

	<i>Tick here if Satisfactory</i>	<i>Tick here if there are any difficulties</i>
Vision		
Hearing		
Physical Co-ordination		
Speech and Language		
Toilet Training		

**Any other comments / information:**

Have you a Medical Card? \_\_\_\_\_ Is your child on any long-term medication? \_\_\_\_\_

If YES, please give details \_\_\_\_\_

Does your child suffer from any allergies / medical condition that may necessitate the administration of emergency medicine / treatment on the school premises? If YES, please give details;

***If this application is successful, I / we, the parents, agree to uphold and support all ratified school policies School policies are published on the school website – [www.maristprimarieschool.ie](http://www.maristprimarieschool.ie). (If you wish to read through them all or just check any particular policy, please make an appointment with the School Secretary.***

**Critical Incident (e.g. death of a child or member of staff):** In the aftermath of a critical incident occurring in school that impacts on my child, I allow my child to participate in group counseling / services, during school time, as organized by the Board of Management and recommended by the Department of Education & Skills.

**Medical:** In the event of illness or accident to my child in school and in the event of I not being at home to take my child for treatment, I hereby authorize the school authorities to do so, and further authorize the Doctor/Hospital to administer such treatment as is necessary to save my child's life or even reduce grave pain or for my child's ultimate well-being.

**Out-of-School Educational Experiences / Field Trips:** I consent to my child taking part in educational experiences / field trips outside of the school perimeter.

**Social Personal and Health Education Curriculum:** I consent to my child taking part the RSE (Relationships and Sexuality Education) Programme, which is part of the Primary School Curriculum.

**Code of Behaviour:** Having read the Code of Behaviour Summary Document, I agree to support the Code of Behaviour of the Marist National School.

**Use of Film and Photographs and children's work:** I consent to school-related photographs (that include my child) being used to promote educational projects in the community, press and school website.

**Sacramental Preparation for Catholic Children:** I understand that sacramental preparation involves close partnership between Parents, Parish and School and I agree to engage meaningfully in this Partnership. I will fully support the Parish and School Teams in the preparation programmes for my child receiving the 3 Sacraments: First Penance, First Communion and Confirmation. I will ensure that a Parent/Guardian will represent my child at all sacramental meetings.

**Diagnostic Testing:** I understand that it may be necessary from time-to-time for teachers to carry out diagnostic testing with my child on an individual in order to help them in their educational development. I give permission for any diagnostic tests to be carried out with my child

**Toileting/Intimate Care:** I understand that my child may need assistance with toileting. I give permission for staff to change or bathe my child in the event that he/she has a toileting accident or becomes unclean while in school.

**HSE Services:** I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist, SLT), etc.

Mother's Signature \_\_\_\_\_ Father's Signature \_\_\_\_\_  
(or Guardian) (or Guardian)

Should you wish to decline permission of any of the above please contact the Principal or Deputy Principal to clarify your position.

We the undersigned confirm that the data supplied is correct; confirm that we are aware that the the data relating to this application will be kept on file in the school. We are also aware that the data may be disclosed as appropriate to the

- Dept of Education and Skills
- Heath Service Executive (HSE)

Signature of Parents/Guardians

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Checklist:**

I have enclosed the following with my application form:

- A recent psychological report with a primary diagnosis of *autism*. This report must be provided by a *qualified professional* and cannot be more than *two years old*.
- A report from a member of a multi-disciplinary team.
- An Original Long Form Birth Certificate
- One of the following: (*these must be dated within 2 months of this Application*)  
(a)ESB Bill    (b)Gas Bill    (c) Landline Telephone Bill    (d) NTL Bill
- Signed the Declaration and dated this application form

**Note 1. This form is not a guarantee of a place or implication of a guarantee of a place.  
Note 2. Applications will only be accepted on the basis of a psychological report provided by a qualified professional (maximum 2 years old).**

**PLEASE SEE SCHOOL ENROLMENT POLICY FOR OUR ASD CLASS FOR ANY ADDITIONAL INFORMATION**

**For School Personnel**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_