

**School Age Autism Class Admissions Application Form 2024/25**

At Skerries Educate Together National School, our vision is that we all learn with equality and respect.

If you wish to enrol your child at Skerries Educate Together National School, please complete the form and post it to the address below or drop it into the school.

By signing this form, you agree that;

* You are a parent or legal guardian of the child named in this document/application form.
* You understand that it is your responsibility to inform the school, in good time, of any changes of address, telephone number or other relevant circumstances.
* Applications can be made from 11th March 2024. You understand that if you have not returned the fully completed form with all relevant documentation by 2pm on Monday 8th April, you will forfeit your child’s application, and consequently any place that may be offered.

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**Please Note**

All of the school’s policies are available online. They may be changed and updated from time to time. The school will ensure that all families can have input into the development of any school policy and as such, accepting a school place presumes agreement to any future policies developed while your child is in school.

**Child’s Details:**

Name (as on Birth Cert): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child known by any other name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPSN of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in the family: \_\_\_\_\_\_ Child’s place in the family: \_\_\_\_\_\_\_ Siblings in this school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer 1** (full name and address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer 2** (full name and address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Details (other than parent(s)/carer(s), e.g. grandparent, family friend, neighbour)**

Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Playschool/Pre-school/Other Primary School Details**

1. Playschool/Pre-School

Has your child attended a preschool group/playschool? Yes No (If yes, please provide details below)

Type/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s) Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Previous Primary School

Has your child attended another primary school? Yes No (If yes, please provide details below)

Name and Address of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s) Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent for Skerries ETNS to request relevant information with your child’s previous school? Yes No

***(Please provide a written report from your child’s previous primary school)***

**Medical Information**

Please note any medical needs/allergies your child has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GP’s Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Consent**

School events may be featured on television, radio, newspapers, school-related websites, Facebook page, Twitter etc. Do you give permission for your child’s photograph to be featured? Yes No

During the school year, the children may leave the school grounds for picnics, sponsored walks, sports activities etc. with their teacher(s) and other school staff. Do you give permission for your child to participate in these activities outside the school grounds?

Yes No

If your child transfers to another primary school, and when they transfer to post-primary school, do you give permission for Skerries ETNS to share relevant documentation relating to your child, including school reports, assessment records, details of support provided to your child and details of any assessment carried out? Yes No

I agree to the school’s Code of Behaviour Yes  No 

I consent to my data and my child’s data being stored according to the school’s Data Protection Policy which includes storing information online. Yes No

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| --- | --- | --- |
| **PLEASE ENSURE THAT NO BLANKS SPACES HAVE BEEN LEFT ON THIS FORM AND PLEASE ENSURE YOU HAVE INCLUDED ALL ITMES ON THE FOLLOWING CHECKLIST:** | **YES** | **NO** |
| 1. YOUR CHILD’S ORIGINAL BIRTH CERTIFICATE |  |  |
| 2. COPY OF A DIAGOSIS OF A QUALIFYING AUTISM SPECTRUM DISORDER (DSM IV/V OR ICD 10), MADE USING A PROFESSIONALLY RECOGNISED CLINICAL AND PSYCHOLOGICAL ASSESSMENT PROCEDURE |  |  |
| 3.COPY OF A RECOMMENDATION TO ATTEND AN ASD CLASS ATTACHED TO A MAINSTREAM SCHOOL DATED LESS THAN 12 MONTHS PREVIOUS TO THE DATE OF APPLICATION |  |  |
| 4. ANY OTHER RELEVANT LETTERS OR REPORTS (E.G. LETTER OF ACCEPTANCE FROM CLINICAL SUPPORT SERVICES, SPEECH AND LANGUAGE THERAPY, OCCUPATIONAL THERAPY ETC.) |  |  |

***Government Database***

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Dept at individual pupil level on a live system. This information will be used to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils. The database will also contain, **on an optional basis**, information on the pupil's religion and on their ethnic or cultural background. These optional questions are **marked with an** **asterisk**.

**Data Privacy Statement**

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for a list of students who have made applications for admission to be shared with a patron or another Board of Management, in order to facilitate the efficient admission of students. The data which may be provided for this purpose may include all or any of the following:

1. the date on which an application for admission was received by the school;
2. the date on which an offer of admission was made by the school;
3. the date on which an offer of admission was accepted by an applicant;
4. a student’s personal details including his or her name, address, date of birth and personal public service number (within the meaning of Section 262 of the Social Welfare Consolidation Act 2005)

This data may be further shared with the Department of Education for further processing to facilitate the efficient admission of students. This is in accordance with the Minister for Education’s statutory function to ensure that there is made available to each person resident in the State a level and quality of education appropriate to meeting the needs and abilities of that person and to plan and co-ordinate the provision of education in recognised schools, having regard to the resources available.

**To which ethnic or cultural background group does your child belong (please tick one)?**

**(Categories based on the Census of Population)**

**White Irish 🞏 Irish Traveller 🞏 Roma 🞏 Any other White Background 🞏 Black or Black Irish - African 🞏 Black or Black Irish - Any other Black Background 🞏**

**Asian or Asian Irish – Chinese 🞏 Asian or Asian Irish - Any other Asian background 🞏**

**Other (inc. mixed background) 🞏 No consent** **🞏**

**What is your child’s religion?**

Roman Catholic **🞏** No Consent **🞏** No Religion **🞏**

Muslim (Islamic) **🞏** Church of Ireland (Anglican)**🞏** Orthodox (Greek, Coptic, Russian) **🞏**

Christian Religion (not further defined) **🞏** Apostolic or Pentecostal **🞏** Other Religions **🞏**

Hindu**🞏** Presbyterian **🞏** Atheist **🞏**

Baptist **🞏**  Buddhist**🞏** Protestant **🞏**  Jehovah’s Witness Methodist, Wesleyan **🞏** Lutheran **🞏**

Agnostic **🞏** Evangelical **🞏** Jewish **🞏**

Personal category data

**Is one of the pupil’s mother tongues (i.e. language spoken at home) Irish or English?**

**Yes 🞏 No 🞏 No Consent 🞏**

***I consent for the special category data in the two questions and the personal category data question to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.***

**Signature of Parent(s)/Carer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Official School Use Only***

***Copy of Birth Certificate taken and on file: Yes No Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Previous school report supplied: Yes No N/A Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Copy of assessment received: Yes No N/A Date of Receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***