



Application Form for Enrolment 2024-25

Please affix a
current photo
of your child
here

Child's name	
Date of Birth	
PPSN	
Address	
Eircode	
Please confirm you have attached the following documents to complete your application.	
I attach copy of child's birth certificate	
I attach proof of address (e.g. utility bill)	
I attach copy of my child's most recent psychology report (if not available, it must be sent to school before 1st February 2024 to complete your application.	

Parent/Guardian		Phone	
Address			
Email Address			
Parent/Guardian		Phone	
Address			
Email Address			
Current Service provider			
Language spoken at home		Religion	



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Please tick as appropriate

What is the nature of your child's disability?	
Moderate General Learning Disabilities	
Severe/Profound General Learning Disabilities	
Autistic Spectrum Disorder	
Are you seeking a place in....	
Class for pupils with Moderate General Learning Disabilities	
Class for pupils with Severe/Profound General Learning Disabilities	
Class for pupils with Autism and Moderate General Learning Disabilities	

Please attach most recent copy of assessment, if available.

Please be aware that a psychological assessment must be provided by 01st February 2024, prior to admission in September 2024.

Has your child previously attended pre-school? If so, please give details:	
Has your child previously attended school? If so, please give details.	
Please give details below on your child's pattern re:	
feeding & drinking	
Special diet (if any):	
Sleep	
Mobility	
Communication: how does your child communicate best (Lámh, signs, gestures, pointing, speech, pecs etc)?	
Social Behaviour: how does your child get on with others?	
Outings: how does he/she react to trips out e.g. shopping centre, visits to the park etc?	
Play Activities	
Toileting: is he/she toilet trained?	
Detail any issues	



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Fine Motor Skills (zips, buttons)	
Sensory issues (does your child display an unusual reaction to noise, touch, smells etc)?	
Does your child need medical assistance during the school day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify	
Any further information which you may consider relevant or useful	

Signed: _____
 Parent/Guardian

Date: _____

Signed: _____
 Parent/Guardian

Date: _____



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CONSENT FORM

Name: _____

D.O.B: _____

I/We the undersigned hereby give consent to St. John of God School to access and share the following reports/programmes with other bodies relevant to achieving school placement:

Pre-school	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
School	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Physiotherapy	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Psychology	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Occupational Therapy	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Speech & Language Therapy	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Social Work	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Paediatrician	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Other Consultants	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Any other relevant reports on file	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

The information collected on this form will be held by St. John of God School in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 1988 and the Data Protection (Amendment) Act, 2003.
The purpose of holding this information is for administration, and to facilitate the school in meeting the pupil's educational and/or medical needs etc. Disclosure of any of this information to statutory bodies such as the Department of Education and Science or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians or pupils aged 18 or over if the school wishes to disclose this information to a third party for any other reason.
Parents/Guardians of pupils and pupils aged 18 or over have a right to access the personal data held on them by the school and to correct it if necessary.
I consent to the use of the information supplied as described.

Signed: _____
Parent/Guardian

Date: _____

Signed: _____
Parent/Guardian

Date: _____