# St. Michael’s House Special National School, Ballymun Road, D9, D09R297Admissions Application Form

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| Roll no. 18763F |  |  |

ALL DOCUMENTS MUST BE FULLY COMPLETED AND SUBMITTED TO SCHOOL IN HARD COPY, NOT BY EMAIL

Note: Completion of this form does not guarantee your child a place in the school. All enquiries to the principal at 01-8840326

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| Child’s Biographical Details: |
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| **Forename:** | **Surname:** |
| **Birth Cert Forename** (if different to above): | **Birth Cert Surname** (if different to above): |
| **Address:** |
| **Gender:** Male ☐ Female ☐ | **Nationality:** |
| **PPS Number:** | **Date of Birth:** |
| **Diagnosis** (as per psychological assessment): |
| **Primary language spoken at home:** |
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| **Expected Date of Enrolment:** |

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| Parents/ Guardians details: |
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| ***Mother/ Guardian 1*** |
| **Forename:** | **Surname:** |
| **Nationality:** | **Birth Surname:** |
| **Language Spoken:** |  **Eir Code:** |
| **Address** (if different to child’s): |
| **Mobile phone:** | **Home phone:** |
| **Email:** |
| ***Father/ Guardian 2*** |
| **Forename:** | **Surname:** |
| **Nationality:** | **Language Spoken:** |
| **Email:** |
| **Address** (if different to child’s): |
| **Mobile phone:** | **Home phone:** |

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| Educational History: |
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| **Where was your child’s previous enrolment?**Pre-school ☐ Mainstream School in the State ☐ At home/Tuition ☐ Special school in the State ☐ School in Northern Ireland ☐ School abroad ☐ Private school in the State ☐ Other ☐ |
| **Name of previous school/Tutor:** |
| **Address:** |
| **Number of years in previous school:** | **Telephone No.:** |
| **Assessments/ Reports submitted from previous school?** Yes ☐ No ☐ |

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| Childhood Health and Medical: |
| **Comment on any childhood illness that will impact your child’s life in school** (type, duration, impact of condition, etc.)**:** |
| **Has he/she any problems in the following areas?** | **If ‘Yes’, please give details** |
| **Sight:** Yes ☐ No ☐ |  |
| **Hearing:** Yes ☐ No ☐ |  |
| **Speech:** Yes ☐ No ☐ |  |
| **Chest** (asthma)**:** Yes ☐ No ☐ |  |
| **Kidneys:** Yes ☐ No ☐ |  |
| **Allergies:** Yes ☐ No ☐ |  |
| **Epilepsy** Yes ☐ No ☐ |  |
| **Physical** Yes ☐ No ☐**Co-ordination:** |  |
| **Temperament/Behaviour:** Yes ☐ No ☐ |  |
| **Cardiac Condition** Yes ☐ No ☐ |  |
| **Social Skills:** Yes ☐ No ☐ |  |
| **Relflux/Gastro-intestinal issues** Yes☐ No ☐ |  |
| **Concentration:** Yes ☐ No ☐ |  |

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| **Has s/he been referred to any clinic or specialist?**Yes ☐ No ☐ |
| **If ‘Yes’, give details:** |

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| Medication: |
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| **Is your child on any long-term medication(s)?** Yes ☐ No ☐ |
| **If ‘Yes’, give details:** |
| **Will your child need medication in school?** Yes ☐ No ☐ |
| **If ‘Yes’, give details:** |
| **Please tick √ any that apply**My child is fed via PEG/JEG/NG tube Yes ☐ No ☐  |
| My child has a tracheostomy tube Yes ☐ No ☐  |
| My child has a Stoma/Colostomy Bag Yes ☐ No ☐  |

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| Support from Other Agencies: |
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| **Has s/he been referred to or attended a service/ agency before now, for any of the following?** | **If ‘Yes’ give details** (name of agency/ service, how long attended, etc.): |
| **Speech Therapist:** Yes ☐ No ☐ |  |
| **Social Worker:** Yes ☐ No ☐ |  |
| **Psychologist:** Yes ☐ No ☐ |  |
| **Occupational** Yes ☐ No ☐**Therapist:** |  |
| **Early Intervention** Yes ☐ No ☐**Team:** |  |
| **Other specialist:** Yes ☐ No ☐**Specify:** |  |
| **Please attach a copy of any reports that you have from any of the above professionals.** |

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| Social Training/ Self Help Details: |
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| **Can your child feed him/herself unaided?** Yes ☐ No ☐ |
| **If ‘No’ please give details of how much assistance he/she requires:** |
| **Please give details of how much assistance your child requires with dressing:** |
| **Please give details of your child’s toileting needs:**(independent, support required ) |
| **Please give details of any specialized equipment your child uses/ needs** (assistive technology, stander, hoist, walking aids, etc.)**:** |

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| Further Comment /Guidance: |
| **Any other comments/ guidance that would help the school/ teacher:** |

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| Checklist for Applicant: |
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| Completed all sections of the Admissions Application Form | Yes ☐ No ☐ |
| Proof of Address | Yes ☐ No ☐ |
| Birth Certificate | Yes ☐ No ☐ |
| Recent Psychological Assessment | Yes ☐ No ☐ |
| Report stating your child has a primary diagnosis of a Moderate / Severe General Learning Disability | Yes ☐ No ☐ |
| A recent recommendation, not more than two years prior to the proposed admission date, indicating that a special school placement is both necessary and suitable for the child | Yes ☐ No ☐ |
| School Report from current school | Yes ☐ No ☐ |
| Individual Educational Plan from current school | Yes ☐ No ☐ |
| All other professional reports available in relation to your child, e.g. Speech and Language ReportSocial Work Report Occupational Therapy Report Early Intervention Team Report Physiotherapy Report Psychiatric ReportMedical Report | Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No ☐ |

[ ] I/We understand that the school Board of Management’s acceptance of a completed Application form does not constitute the offer of a school place.

[ ] I/We understand that St. Michael’s House School is a Department of Education funded Special School, under the Patronage of St. Michael’s House.

[ ] I/we further understand that this application, and any subsequent offer of a school place, does not automatically guarantee access to St. Michael’s House/Progressing Disabilities clinical supports and services.

[ ] I/We understand that the school works closely with the Patron Body’s Nursing team, led by the Clinical Nurse Manager (CNM), to promote the best of care and good school attendance. I/We understand and accept that information supplied (including subsequent updates) will be shared, as required, with the St. Michael’s House organisation, clinicians, Nursing Team, Dept. of Education/NCSE, and/or Túsla (Child and Family Agency) as required.

[ ] If a school place is offered and accepted, I/we will adhere to the School’s Code of Behaviour and other policies and protocols, details of which I/we understand can be accessed upon request and on the school website [www.smhballymunschool.ie]. If offered a school place, I/we will support our child in complying with the School’s protocols and policies and future Policy development/reviews carried out by the Board of Management.

On this basis, I/we wish to apply on behalf of the young person named on page 1 of this form for placement in **one** of the following classes in St. Michael’s House Sp. NS, Ballymun, Dublin 9, D09 R297

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| **Kliponious-green-tick[1]** | tick ONE box only, as appropriate |
|  | in a **Primary Class** for pupils with an assessed **Moderate** General Learning Disability |
|  | in a **Post-Primary (Secondary Level)** Class for pupils with an assessed **Moderate** General Learning Disability |
|  | in a **Primary Class** for pupils with an assessed **Severe/Profound** General LearningDisability |
|  | in a **Post-Primary (Secondary Level)** Class for pupils with an assessed **Severe/Profound** General Learning Disability |

Should there be any confidential information that you do not wish to put on this form, this can be discussed with the Principal at any time.

**Parent/ Guardian 1 signature: Date:**

**Parent/ Guardian 2 signature: Date:**

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| Official Use Only: |
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| Date Received: |  |
| Completed Form: | Yes | * No
 |  |
| Proof of Address: | Yes | * No
 |  |
| Birth Certificate | Yes | * No
 |  |
| Within Catchment Area: | Yes | * No
 |  |
| Recent Psychological Assessment: | Yes | * No
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| All additional assessments/ reports included: | Yes | * No
 |  |
| Valid Application: | Yes | * No
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| Principal’s Signature: |