# 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 Report  Social Work Report Occupational Therapy Report Early Intervention Team Report Physiotherapy Report Psychiatric Report  Medical 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 |  |
| All additional assessments/ reports included: | Yes | * No |  |
| Valid Application: | Yes | * No |  |
| Principal’s Signature: | | | |