**Our Lady of Mercy National School 1.**

Summerhill, Bantry, Co. Cork P75XE75

Tel: 027 50590 Email: principal@olomns.ie Website:[www.ourladyofmercynationalschool.com](http://www.ourladyofmercynationalschool.com) Roll 09161W

**Application For Enrolment 2024 Autism Class**

*The Department of Education employs an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system.*

*Please complete this form in CAPITAL LETTERS and return to the school. This form will be retained by the school.*

***Child & Family Details***

The data required for POD is marked with an asterisk\* and will only be entered on POD if your child enrols in the school. All other information requested is required for the efficient running of the school.

|  |  |
| --- | --- |
| Fi **\*** Child’s name: | **\*** Male **\*** Female |
| **\***Address: | **\***Postcode: |
| **\***Child’s PPSN: | **\***Date of birth: |
| **\***Nationality: | Place of Baptism |
| **\***English/Irish spoken at home | YES NO |
| Child’s siblings attending this school Name & Class they attend: | Religion: |
| Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: | |
| **\*To which ethnic or cultural background group do does your child belong?**  **Please tick one** | |
| White Irish | Irish Traveller |
| Roma | Asian or Asian Irish – Chinese |
| Any other White Background | Black or Black Irish – African |
| Asian or Asian Irish – Any other  Asian background | Other (inc. mixed background |
| Black or Black Irish - Any Other  Black Background |  |
| **Do you consent to uploading data relating to ethnicity to POD YES NO**  **Do you consent to uploading data relating to religion to POD? YES No** | |

**2.**

**The following information is required for the efficient running of the school and will not be uploaded to POD. All information provided is in strict confidence and will not be shared without your permission.**

|  |  |
| --- | --- |
| Mother’s Name |  |
| Mother’s maiden name |  |
| Address (if different from child’s) |  |
| Mobile No: |  |
| Home/Work No: |  |
| Email Address: |  |
| Nationality |  |
|  | |
| Father’s Name |  |
| Address (if different from child’s) |  |
| Mobile No: |  |
| Home/work No: |  |
| Email address: |  |
| Nationality |  |

Child lives with (tick) 1. Both Parents 2. Mother

3. Father 4. Other

Child’s Legal Guardians: 1. Both Parents 2. Mother

3. Father 4. Other

**Please inform the principal, in strictest confidence, of any particular family circumstances or arrangements applying to your child.**

**Text a Parent**

Text a parent is used to communicate with **parents** quickly and easily with any alerts that may need to be sent out e.g. closure due to snow etc. Please nominate **ONE parent** mobile number for this service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts (CANNOT BE PARENTS**): Should we be unable to contact parents, please provide contact details of two people who may be contacted in the case of an emergency i.e. grandparent, neighbour etc.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In the event of not being able to contact you or your emergency contact nominee, do we have your permission to seek professional medical advice (G.P. or Hospital) Yes NO**

**3.**

**Education and Learning**

Name of pre-school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of years attended \_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to the Principal to discuss my child’s progress with the pre-school listed above. YES NO

Playschool friends (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Has your child been assessed by a Speech & Language Therapist? | YES NO  *If yes, please enclose a copy of the assessment report.* |
| Has your child attended Speech & Language therapy sessions? | YES NO |
| Has your child been assessed by an Occupational Therapist? | YES NO  *If yes, please enclose a copy of the assessment report.* |
| Has your child attended Occupational Therapy sessions? | YES NO |
| Has your child been assessed by an Educational or Clinical Psychologist? | YES NO  *If yes, please enclose a copy of the assessment report.* |
| Has your child been seen by the Early Intervention Service? | YES NO  *If yes, please enclose a copy of the assessment report.* |
| If you do not have a copy of any of the above reports but your child has attended, please include the following information:  Who completed the assessment?  Please specify which support service (HSE, CAMHS, WCCDS, private etc.) ► |  |

**4.**

**Health**

Does your child have any medical conditions? YES NO

(e.g. Asthma, Anaphylaxis i.e. Severe Allergy, Epilepsy, Diabetes etc.)

If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child requires prescribed medication in school, please request an **Administration of Medication Form** (available in the office) and complete and return this form the week your child starts school. Give details of any other conditions/illnesses/special needs which you feel could affect your child during the school day and should be brought to the attention of the class teacher.

**Mobility**

Please give details of your child’s needs with regard to mobility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Specify in particular if your child uses mobility aids) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**To help us get a clearer picture of your child’s needs so that we can plan for his/her entry to school, would you please complete the following:**

Can your child feed him/herself unaided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give details of how much assistance he/she requires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child need dinners from home heated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give details of how much assistance your child requires with dressing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give details of your child’s toileting needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s transport needs with regard to seat belts/harnesses/behavior on

board\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special toys/activities of particular interest? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to comment on any of your child’s behaviour at home that may benefit the school to know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any other comments/guidance that would help school/teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **I hereby give permission for my child in relation to the following** | **Please tick** |
| I/We give permission for my child’s school work to be uploaded on the school website and Facebook |  |
| I/We give permission for my child’s photograph to be published in local papers and on social media |  |
| I/We give my permission for my child’s photograph to be uploaded on the school website and Facebook |  |
| I/We give permission for my child’s video to be uploaded on the school website and Facebook |  |
| I/We give permission for my child’s school work to be uploaded on the school website and Facebook |  |
| Going on school tours, local educational visits/field trips and participating in school activities (e.g. matches, quizzes, choir, etc.) |  |
| On occasions such as Communion, Confirmation and other school events (sports day, fun-run), local press photographers take group photos of children and in some instances identify the children by name. do you agree to the school using your child’s image in this way? (Please remember that removing a child from a photo of the rest of the class can be quite upsetting for the child |  |
| Can we use your child’s name (not photo) in relation to publicising school events and activities in our newsletter, website, Facebook and other social media platforms |  |
| It is the school’s policy to celebrate your child’s work and achievements. As a result, images of your child and his/her work may appear on the website or Facebook page. Best practice as stated in our Acceptable Internet Use Policy will always be followed. At no stage will your child be identified by name (unless previously agreed with you) usually children will only be pictured at a distance and in groups. Do you agree to the school using your child’s image in this way? |  |
|  |  |

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| --- | --- |
| Most classes have an extra support teacher assigned to help all children in the class. On occasion, it may be necessary for organisational reasons to remove a group of children to another room to work with this teacher or the class teacher. (If your child is experiencing learning difficulties you will be informed personally by the teacher) Do you agree? |  |
| Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? |  |
| On occasion we administer Diagnostic test (e.g. Neale Analysis, MIST, Belfield Infant Screening) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this? |  |
| If my child is stung by a wasp/bee I/We give permission for Waspeze to be administered. |  |
| At certain times during the school year, your child’s class may attend Mass in the local church. I/We give permission for our child to attend Mass. |  |

Please ensure you have enclosed:

1. Birth Certificate. Yes No

2. Copy of the Baptismal Certificate if baptised outside Bantry Yes No

(if applicable).

3. Copy of Speech & Language Report/Occupational Therapy Report Yes No

/Psychologist Report if applicable.

The Code of Behaviour is attached. By signing this enrolment form you are indicating that you have read it carefully and agree to be bound by this, and that you will encourage your child/children to observe and obey this policy at all times.

**Signature of Parent/Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Witnessed by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_