



Scoil an Chroí Ró Naofa Íosa

(Sacred Heart of Jesus National School)

Huntstown, Mulhuddart, Dublin 15, D15 KF65.

ROLL NO.: 19755L PHONE: 01 82 16400

ENROLMENT APPLICATION EMAIL: enrol.sacredheartns@gmail.com

OFFICE EMAIL: sacredheartns@gmail.com

WEBSITE: www.shns.ie

COISCÉIM ASD CLASS ADMISSION APPLICATION FORM

Child's name: _____

Address: _____

Eircode: _____

Date of birth: _____ PPS number: _____ Gender: _____

Name(s) of sibling(s) in this school, if any: _____

Nationality: _____ Nationality of parent(s): _____ Religion: _____

First language: _____ Other languages: _____

Parent 1 / Guardian 1:

Name: _____

Address (if different from above): _____

Mobile no. _____ Home tel. no. _____ Work tel. no. _____

Email address: _____

Parent 2 / Guardian 2:

Name: _____

Address (if different from above): _____

Mobile no. _____ Home tel. no. _____ Work tel. no. _____

Email address: _____

Name of emergency contact person 1: _____ Tel. no. _____

Name of emergency contact person 2: _____ Tel. no. _____

I consent to the school contacting the emergency contact(s) listed above in the event that I/we cannot be contacted. I confirm that I have the permission of the emergency contact(s) listed above to have their details recorded in the school and to be contacted by the school. I give permission to the emergency contact(s) listed above to collect my child from school in an emergency if I/we cannot be contacted. YES NO

Is your child currently enrolled in any other school or pre-school?

YES NO

If yes, please complete the following:

Name of school/pre-school: _____

Address of school: _____

Date of enrolment: _____ Receiving SNA/AIM support (yes/no): _____

Please specify if your child is currently attending an ASD-specific primary or pre-school class or an early intervention class: _____

Does your child have any medical conditions that the school should be aware of e.g. allergies, asthma, diabetes, sight/hearing/speech/mobility difficulties etc.? If yes, please give details: _____

Is your child currently accessing any support services e.g. speech and language therapy, occupational therapy, play therapy, early intervention team etc.? If yes, please give details: _____

Is there any particular information which you as parent(s)/guardian(s) feel would be helpful for the school to note to assist transition to a Coiscéim ASD class, e.g. toilet training, particular behavioural / emotional concerns etc? If yes, please give details: _____

Yes No

Have you provided applicable professional reports to support application to Coiscéim ASD class?

Do you give permission for your child to take part in school trips?

Do you give permission for your child to be brought to hospital in case of emergency?

Have you provided the school with an original birth certificate?

Have you provided the school with an original baptismal cert (where applicable)?

Please Note:

Application for admission does not guarantee a place in the school. Parents/guardians are obliged to provide the school with all relevant information, and inform the school of any change of address, contact details etc. False or misleading declarations and/or the withholding of relevant information will invalidate an admission application and necessitate a new application by the parent/guardian, which will be processed by the Board of Management in accordance with the procedures set out in the school's Admission Policy.

The school is obliged to share Personal Pupil Data with other agencies such as the Department of Education (DE), other schools, HSE, Tusla etc. where there is a legal basis for doing so under GDPR legislation. The school's GDPR policy is available on the school website www.shns.ie.

Declaration and Consent – Please Tick and Sign

I/We wish to make an admission application for my/our child to Scoil an Chroí Ró Naofa Íosa (Sacred Heart of Jesus National School). I/We confirm that I/we have read and accept the school's Admission Policy (available on the school website www.shns.ie or in hard copy from the school office).

I/We confirm that the information recorded on this Admission Application Form is accurate and true.

I/We consent for applicable pupil information to be stored on the Primary Online Database (POD) and the school's Aladdin Management and Student Information System.

I/We consent for applicable pupil information to be shared with other agencies where there is a legal basis for doing so under GDPR legislation.

I/We consent to receiving school and community communications from the school via post, phone and electronic channels.

Signed Parent 1 / Guardian 1: _____ Date: _____

Signed Parent 2 / Guardian 2: _____ Date: _____

For Office Use

Date Coiscéim ASD Class Application Received: _____

Notes: _____

