

St John the Baptist Boys National School, Old Road, Cashel,
Co. Tipperary, E25 R259

APPLICATION FOR ADMISSION for Co-Educational Special

Class for Children with ASD 2020/21 – Please Print Clearly

(If any details change during the year or subsequent years, please inform the school office)

YOUR CHILD'S FULL NAME AS IT APPEARS ON HIS BIRTH CERTIFICATE	<u>FIRST NAME:</u> <u>SURNAME:</u>
NAME BY WHICH YOU'D LIKE YOUR CHILD TO BE KNOWN (IF DIFFERENT)	
YOUR CHILD'S PPS NUMBER	
YOUR CHILD'S DATE OF BIRTH	
YOUR CHILD'S NATIONALITY AS PER HIS/HER BIRTH CERTIFICATE	
YOUR CHILD'S RELIGION (IF ANY)	
PREVIOUS SCHOOL(S) OR PRE-SCHOOL DETAILS	
LANGUAGE(S) SPOKEN AT HOME	
YOUR CHILD'S POSITION IN YOUR FAMILY (FIRST BORN, 2 ND OF TWO CHILDREN ETC)	
CURRENT HOME ADDRESS [including Eircode]	
MOTHER'S FIRST & LAST NAME & CONTACT NUMBER	
MOTHER'S NATIONALITY	

FATHER'S FIRST & LAST NAME & CONTACT NUMBER	
FATHER'S NATIONALITY	
WHAT NUMBER WILL WE USE WHEN SENDING TEXT MESSAGES FROM SCHOOL?	
WHAT EMAIL(S) CAN WE USE IF WE NEED TO CONTACT YOU IN THIS MANNER?	
EMERGENCY CONTACT DETAILS 1 (STATE FIRST & LAST NAME, CONTACT NUMBER & RELATIONSHIP TO THE FAMILY)	
EMERGENCY CONTACT DETAILS 2 (STATE FIRST & LAST NAME, CONTACT NUMBER & RELATIONSHIP TO THE FAMILY)	
NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR	
MEDICAL ISSUES OF WHICH WE SHOULD BE AWARE (Brief outline sufficient here) PLEASE STATE IF YOUR CHILD NEEDS MEDICATION DURING SCHOOL HOURS:	

<p>LEARNING ISSUES OF WHICH WE SHOULD BE AWARE</p> <p>(Brief outline sufficient here)</p>	
<p>FAMILY CIRCUMSTANCES OF WHICH WE SHOULD BE AWARE</p> <p>NOTE: IF YOU WANT SCHOOL REPORTS/TEXTS TO GO TO A PERSON/ADDRESS/NUMBER OTHER THAN THE DETAILS ABOVE, PLEASE WRITE NAME/ADDRESS/MOBILE HERE</p>	

Please tick:

1. In the event of an emergency, do we have permission to contact your child's doctor directly? YES ☐ NO ☐
2. Do you give permission for your child to be taken straight to the doctor/hospital in case of serious illness or accident? YES ☐ NO ☐
3. Do you consent to allow your child to take part in all the activities/tours/sports that may arise outside the school premises? YES ☐ NO ☐
4. Do you consent to allow your child's photograph and/or work to be put on the school website, taken for the local newspaper, etc.? YES ☐ NO ☐
5. If your child is coming from another primary school within the Republic of Ireland, is she/he insured under the Pupil Personal Accident Insurance scheme? YES ☐ NO ☐ NOT APPLICABLE ☐

Please enclose:

1. Copy of Birth Certificate ☐
2. Primary Online Database (POD) form ☐
3. School report(s) [only if transferring from another primary school] ☐
4. **APPROPRIATE REPORTS AS PER APPLICATION FOR ADMISSION IN SPECIAL CLASS FOR CHILDREN WITH ASD POLICY**

Please sign:

NAME (PRINT): _____ Signature: _____ Date: _____

Scoil na mBuachaillí, Naomh Eoin Baiste

Caiseal Mumhan, Co. Thiobraid Árann

St John the Baptist Boys NS, Old Road, Cashel, Co. Tipperary

Principal: Mr Will Ryan **Deputy Principal:** Mrs Lucy Ryan

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills.

All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories are taken from the Census of Population)

White Irish ☐ Irish Traveller ☐ Roma ☐

Any other white background ☐ Black African ☐ Any other Black background ☐

Chinese ☐ Any other Asian background ☐ Other (inc. mixed background) ☐

No consent ☐

What is your child's religion (please tick one)?

Roman Catholic ☐ Church of Ireland (incl. Protestant) ☐ Presbyterian ☐

Methodist, Wesleyan ☐ Jewish ☐ Muslim (Islamic) ☐

Orthodox (Greek, Coptic, Russian) ☐ Apostolic or Pentecostal ☐

Hindu ☐ Buddhist ☐ Jehovah's Witness ☐ Lutheran ☐

Baptist ☐ Atheist ☐ Agnostic ☐ Other Religions ☐ No religion ☐

No consent ☐

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____

Parent/Guardian

Date: _____

Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills' website www.education.ie