



NAUL NATIONAL SCHOOL

Pre Enrolment form For Admission to ASD Class 2021/2022

Note: The ASD class at Naul NS teaches children with a diagnosis of Autism Spectrum Disorder.

USE BLOCK CAPITALS PLEASE

Childs Name:	Surname in Irish if known:
Date of Birth: / /	Sex: MALE FEMALE
PPS Number:	
No. Of Children in Family:	Place in Family: (1 st , 2 nd etc)
Name and Class of Siblings already in school:	
Address:	
Nationality:	Date of Arrival in Ireland:
Language spoken at home:	Religion: (optional) Ethnicity: (optional)

Mother's Name:	Occupation
Mother's Maiden name:	
Mother's Address:	
Mother's Phone: Mobile:	Work:
Home:	
Mother's Email:	
Father's Name:	Occupation:
Father's Address:	
Father's Phone: Mobile:	Work:
Home:	
Father's Email:	
Home Address where Pupil Normally resides:	
Date of Entrance to this school:	Was your child at school before:

Name of previous school:	Class:
<p>I/we consent for this information: PPS number of child, date of birth of child, mothers name and maiden name, fathers' name, language spoken at home, no. of children in the family, to be stored on the Primary Online Database(POD) and transferred to the Department of Education and Skills and to other primary schools my child may transfer to during the course of their time in primary school. <u>Ethnicity and Religion entries are optional.</u> I understand that this will only be commenced if my child is accepted into the school. Yes ____ NO____</p> <p>Other details.</p>	

Where the Applicant is seeking a place in the ASD class, please provide the details of the special educational needs of the Applicant.

The completed pre-enrolment application must be accompanied by all of the following supporting documentation (“Supporting Documentation”) supplied by parents:

1. An photocopy of Birth Certificate.
2. Two of the following original documents, as proof of address within the catchment area (these must be dated within three months of application): a) ESB Bill b) Gas Bill c) Landline Telephone Bill d) UPC/Sky Bill
3. A Diagnosis from a psychiatrist, psychologist, or a member of a Multi-Disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder according to DSMV or ICD 10 criteria and a recommendation for a placement in a special class within a mainstream school.
4. Any other relevant reports – speech & language therapy/ occupational therapy and psychological reports

	YES	NO
Has your child any allergies?		
If YES please give details:		
Does your child appear to have any difficulty with the following?		
Hearing		

Speech		
Vision		
If YES please give details:		
Name of Childs/family Doctor:		
Address:	Phone:	

Contact Persons if Parents not available:

1 st Contact:	Phone:
2 nd Contact	Phone

	YES	NO
Do you give permission for your child to go on school trips, under teacher supervision, during the school day, e.g. to the village, church etc..?		
Do you give permission for your child to be transported to and from sports matches?		
Sometimes journalists visit the school to photograph sports events/activities, Christmas shows, award/prize giving etc. Do you give permission for your child to be photographed?		
<i>Note: The Board of Management cannot be held responsible for pictures/videos taken by parents at school events</i>		
Please visit the schools website at www.naulschool.com Do you give permission for your child's photograph (without their name) to be used on the website?		
Sometimes the school is requested to pass on pupils' names and addresses to the Health Board for immunization purposes, to secondary schools for use when pupils are transitioning to second level, to sports bodies when pupils are taking part in games outside school. Do you give permission for your child's details to be made available to these bodies?		

Has your child received all up to date immunisations for their age ____yes____no If no give details _____ _____
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Has school permission to remove the child directly to a doctor/hospital should an emergency arise? Yes No

Any other information you feel we should be made aware of?

Signed: _____, _____

Date: _____

Note: Completed forms should be returned to the office by Friday 4th December 2020. Post them to Naul national School, Naul, Co. Dublin or email them to mcmahonnauls@gmail.com. This is a pre enrolment form and does not guarantee your child a place at Naul National School. You will be notified by January 30th whether your child has a place at the school.
Thank you.