



St. Philip the Apostle Junior National School
Mountview, Clonsilla, Dublin 15
Phone/Fax: (01) 8212992
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ASD Class Pre-Enrolment Form 2021

To be completed and returned to the school prior to possible allocation of place in school

Please note, 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 DSM-V or ICD 10 criteria and a recommendation for a placement in a special class within a mainstream school is required for a child's Application Form to be processed.

Please also include:

- **Birth Certificate, original document - which we will take a copy of, as proof of date of birth.**
- **Household Bill (e.g. Gas/Electricity) - which we will take a copy of, as proof of address**

Personal Information	
Child's First Name:	Child's Surname:
Child's Birth Cert Name:	
Child's PPS Number	Mother's Maiden Name:
DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home address:	
Eircode (*Required)	
Name of Parent/Guardian1:	
Contact Number:	(Default receiver of text msg)
Email address: (Default receiver of emails)	
Name of Parent/Guardian 2	
Contact Number:	
Email address:	
Sibling 1 Name & Age: _____ Sibling 2 Name & Age: _____	
Sibling 3 Name & Age: _____	

ECCE – Pre-school / Previous School Details			
Name of preschool / previous school:			
Address of preschool / previous school:			
Email address of preschool / previous school:			
Phone no of school/preschool:		Principal/Manager name:	
Enrolment date in last school: (start date)		Leaving date in last school: (last date)	
Current class:			
Note: The Principal Teacher may make contact with the pre-school/previous school prior to the child being enrolled at St. Philip the Apostle JNS			

Further Personal Information for POD (Primary Online Database)
1 (a) Child's nationality:
1 (b) Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes <input type="checkbox"/> No <input type="checkbox"/>
1 (c) What language are spoken in your home?
2. To which ethnic or cultural background group does your child belong (please tick one)? (Categories based on the Census of Population) White Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White Background <input type="checkbox"/> Black or Black Irish - African <input type="checkbox"/> Black or Black Irish - Any other Black Background <input type="checkbox"/> Asian or Asian Irish – Chinese <input type="checkbox"/> Asian or Asian Irish- Any other Asian background <input type="checkbox"/> Other (inc. mixed background) <input type="checkbox"/> No consent <input type="checkbox"/>
3. What is your child's religion? Roman Catholic <input type="checkbox"/> Church of Ireland (Anglican) <input type="checkbox"/> Presbyterian <input type="checkbox"/> Methodist, Wesleyan <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim (Islamic) <input type="checkbox"/> Orthodox (Greek, Coptic, Russian) <input type="checkbox"/> Apostolic or Pentecostal <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Lutheran <input type="checkbox"/> Atheist <input type="checkbox"/> Baptist <input type="checkbox"/> Agnostic <input type="checkbox"/> Christian Religion (not further defined) <input type="checkbox"/> Protestant <input type="checkbox"/> Evangelical <input type="checkbox"/> Other Religions <input type="checkbox"/> No Religion <input type="checkbox"/> No Consent <input type="checkbox"/>

ASSESSMENT REPORTS INCLUDED WITH APPLICATION (Please tick reports included)

Tick	Professional Report	Date of report	Name of professional	Contact details of prof.
	Psychologist Report			
	Psychiatrist Report			
	Occupational Therapist Report			
	Speech and Language Report			
	Physiotherapist Report			
	Assessment of Need Report			
	Early Intervention Team Report			
	Other:			

Health / Medical Information

Family Doctor:		Practice Name:	
Address:		Phone Number:	
Does your child have any health problems?			
Is he/she on medication?			

St. Philip's Junior School aims to provide a safe and healthy environment for its staff and pupils. Bearing this in mind, parents must inform the school, on enrolment, of any medical condition or allergy from which their child may be suffering. If a diagnosis of a medical condition or allergy is made, on a child already enrolled, parents must let the school know.

Emergency Contact Information:

In case, for some reason, we are unable to get in touch with you, we require emergency contact numbers of at least two other individuals:

Emergency contact name	Emergency contact number:	Relationship to child

School Policies and Code of Behaviour

Please tick

By enrolling my child at St. Philip the Apostle JNS, my child and I agree to adhere to the School's Code of Behaviour.

By enrolling my child at St. Philip the Apostle JNS, my child and I agree to adhere to all school policies and procedures.

Parent / Guardian signature:

Parental Consent Form	Tick here to indicate consent
<p>I consent for the sensitive personal data in Questions 1-3 on Page 2 of this form 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.</p> <p><i>For further information on POD please go to the Department of Education and Skills' website www.education.ie</i></p>	
<p>I consent that my child's photograph or video footage of my child may be displayed in school literature, school features in news articles, on the school website and via the school Twitter account.</p>	
<p>In the event of a serious accident or injury, I authorise the school to contact the hospital or ambulance, where I or a person designated by me cannot be contacted. I authorise members of school staff to travel by ambulance with my child in my absence or in the absence of a designated person.</p>	
<p>Parent/ Guardian signature:</p>	

SCHOOL USE ONLY						
ITEM	YES	NO	COMMENT			
Date from returned:						
Utility Bill/Bank Statement:						
Birth cert:						
Consent form:						
Meets DES criteria (DSM V/ICD 10)						
Permission to contact others:						
Details of previous school/pre-schools:						
Age Criteria YES NO	Location Criteria		YES	NO		
Priority Criteria	1	2	3	4	5	
Offer of place: YES NO	Date if YES:					
Waiting List: YES NO	Date if YES:					
Place Accepted: YES NO	Date of response:					
If place declined at a further date please detail:						