



Holy Well National School

Special Class Enrolment Application Form

September 2022

Please complete each section. Kindly forward copies of all relevant reports to our Administration Office immediately. Once we receive these, we will process your application.

This form and associated documents can be returned by post to:

Holy Well NS, Ballea Road, Carrigaline, Co. Cork, P43 PK51.

or as an attachment by email to admin@holywellns.ie

Closing dates for the receipt of admission forms will apply in line with our admissions policy.

Please email/phone us if you have any queries. Telephone: 021 4371875

Email: admin@holywellns.ie

Child's details:

Child's name in full:

Date of Birth:

Gender: Male Female

Child's PPS Number:

Nationality of Child:

Address of Child:

Eircode:

Mother's Maiden Name:

Language Spoken at home:

Chosen Number for school text:

Place of birth:

Do you have other children currently attending Holy Well?

Please give names and classes (or write N/A not applicable):

Have you or your parents attended St. John's GNS or Scoil Mhuire Lourdes BNS in the past?

Parent/Guardian Details:

Details	Parent/Legal Guardian 1	Parent/Legal Guardian 2
Name:		
Nationality:		
Spoken Language/s:		
Address:		
Eircode:		
Contact Numbers:	1.	1.
	2.	2.
Email Address:		

Emergency Contacts

Please provide additional contacts that we may use if it is not possible to contact the parent or guardian:

Name	Contact Number/s	Relationship to child
1.		
2.		
3.		

Pre-school Details:

Name/Contact Details of Pre-school attended:

Transferring from another Primary School:

Only fill in this information if your child was previously enrolled in another Primary School:

Name of School:

Dates Attended:

Classes Completed:

Do you consent to Holy Well National School contacting the above named school/teacher in relation to your child?

Additional Information:

This additional information will help the school to understand your child's individual circumstances, obtain additional supports, and will be held in the strictest of confidence.

Has your child received a diagnosis of autism?

Does your child have a multi-disciplinary report or a psychological assessment report?

(A multi-disciplinary team may consist of a clinical psychologist, occupational therapist, speech & language therapist, social worker or a physiotherapist).

Has your child a recommendation for placement in a special class for children with autism, attached to a mainstream school?

Is your child on any long-term medication?

Does your child have any other condition/illness/special needs which you feel could affect your child during the school day and should be brought to the attention of the class teacher?

If yes, please give details:

Has your child a learning disability?

If yes, please specify:

(consult assessment team if unsure).

With regard to future schooling, what is the recommendation of the assessment team?:

Mobility:

Does your child have any needs with regard to mobility?

If yes, please give details:

Self Help Skills:

To help us get a clearer picture of your child's needs so that we can plan for his/her entry to school, the following information is required:

Has your child any special dietary requirements/food allergies/food intolerances?

If yes, please give details:

Does your child have any sensory issues around feeding?

If yes, please give details:

Can your child feed him/herself unaided?

What treats does your child really enjoy?Crisps, popcorn, jellies, drinks etc. please outline:

Is your child toilet trained?

How would you describe your child's ability to communicate?

Age appropriate, delayed, non verbal, e.g. gesture, pictures, single words, sentences, other? Please outline:

How would you describe your child's ability to interact with others?

How would you describe your child's general behaviour?

Have you found any particular calming strategies which work well with your child?

Are there any special toys, items, DVD's etc. used for comfort by your child?

Does your child have any topics of special interest? e.g. dinosaurs, super heroes, etc.

Travel Arrangements:

How will your child travel to school?

Will there be a need for transport to be provided for your child?

Note: Your child's placement in an ASD class will be reviewed at the end of each school year. In consultation with the Multi-Disciplinary team the school will advise you on the future schooling needs of your child. Please note that placement in a special class does not entitle your child to an automatic placement in the Mainstream School.

I confirm the information I have given in this form is accurate

Signed by: _____

Department of Education & Skills' Primary Online Database

Dear Parent,

As you may be aware, the Department of Education & Skills has developed an individual database of primary school children, called, The Primary Online Database (POD). Any information you may require can be found on www.education.ie The Department of Education and Skills has requested we acquire the following information. The questions relating to sensitive personal data categories are marked "optional" below.

To this end, I will need the following information from you:

Please complete in BLOCK CAPITALS:

1. Parent/Guardian's Full Name:
2. Child's full name as seen on his/her Birth Certificate:
3. Address:
4. Child's PPS Number:
or mother's maiden name:
5. Date of Birth:
6. Nationality:
7. Is one of the pupil's mother tongues (Language spoken at home) Irish or English? Yes No
8. Optional Question 1 - Ethnic or Cultural Background: (Please select one of the following, or indicate 'No Consent')

White Irish	Black or Black Irish – Any Other Background	
Irish Traveller	Asian or Asian Irish – Chinese	
Roma	Asian or Asian Irish – Any Other Background	
Any Other White Background	Other, including mixed	
Black or Black Irish-African	No Consent	

9. Optional Question 2 -What is your child's religion?: (insert the religion or write 'No Consent')
10. If your child attended another Primary School before enrolling in Holy Well National School, please give the name and address of the school:

I consent for the personal data in question 8 to be stored on the POD and sent to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in Primary School:

I consent for the personal data in question 9 to be stored on the POD and sent to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in Primary School:

Signed By: _____

Please complete this form and return as part of your application form. Many thanks for your help and support in this matter.

If any of the details on this enrolment form change, for example, if you move house, change your number, etc, would you please inform the school at the earliest opportunity. Once you have submitted this form, please send all relevant reports to the school administrator immediately. Once we receive these we will process your application.

Thank you for filling out this form. Any questions or queries you may have, please do not hesitate to contact the school on 021-4371875 / 4372005.