



Application Form – Stewarts School

Forename: _____	Surname: _____
Date of Birth: _____	
Male: _____ Female: _____	Proposed Year of Entry: _____

Name of current school or preschool:

Present Class (if in school):

Dates attended:

Previous school(s) or preschool attended:

Other Schools applied to:

Parent Name (1):	Phone Number:	Parent 1's Address & Eircode:
Parent Name (2):	Phone Number:	Parent 2's Address & Eircode:
Guardian's Name:	Phone Number:	Guardian's Address & Eircode:

Parent 1's email address:

Parent 2's email address:

Please set out the level of the child's learning difficulty (moderate, severe, profound etc.) and/or their primary and (secondary) diagnoses:

Please detail any medical condition (including any prescribed medications), allergies, specific dietary needs or other relevant information:

**Your child's current level of need – please give details below on
-eating, drinking, sleep, mobility, toilet training or independent use of toilet:**

-how your child communicates (Gesture, photos, PECS, Lámh, speech) and their social interactions with others:

-any sensory issues your child may have (reaction to sounds/noise/smell/touch):

-Any other relevant information:

Name of Children's Disability Network Team:

List any clinical supports received in the past 2 years:

Specify if your child on a waiting list for clinical support:

DOCUMENTATION CHECKLIST

Please ensure that all of the following is supplied with the application as otherwise it will not be processed:

- Completed all sections of the Application Form.
- A photocopy of birth certificate
- Proof of residence within Catchment Area from
 - a) ESB bill
 - b) Gas bill
 - c) Landline Telephone bill
 - d) Household bill
- A detailed report from a psychologist, psychiatrist, or a member of a Multi-Disciplinary Team setting out the child's primary and secondary diagnoses and confirming that the child functions in the moderate/severe cognitive, moderate/severe adaptive ranges, moderate/severe ID and a recommendation for a special school placement.
- Psychology Report enclosed. Please note that to meet the category of the school this reports must confirm your child's diagnosis of Moderate learning disability or Severe/Profound learning disability
- A school/pre-school report from the last 12 months
- Most recent Support Plan/Individual Education Plan (if available)
- Any other relevant reports (if available) – speech & language therapy/ occupational therapy, physiotherapy, psychiatric and medical reports.

I understand that:

- the receipt of an application form does not guarantee that the child will be offered a place
- it is my responsibility to inform the school of any change of contact details or other relevant circumstances
- if I have not replied to a confirmed offer of a place for my child within 10 days of that offer being made, I will have forfeited my child's place on the admission list
- that a failure to provide all relevant medical and behavioural reports (as defined in Section 5 of the Admissions and Participation policy) from the last 3 years may invalidate this application and may result in the loss of my child's place in the school prior to or after admission.

Please tick each box (if the boxes are not ticked, this application will be returned as incomplete and will not be accepted):

I have read the Admissions and Participation Policy and I confirm that I accept the terms of the application and admission process. I understand that these terms will continue in force through the duration of my child's admission in the school.	Please tick
<p>Parent/Guardian Signature :</p> <p>_____</p> <p>Date:</p> <p>_____</p>	

Consent to access and share information

Name: _____

D.O.B: _____

I/We the undersigned hereby give consent to Stewarts School to access and share the following reports/programmes with other bodies relevant to achieving school placement.

Pre-school	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physiotherapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Psychology	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupational Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speech & Language Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paediatrician	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Consultants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other relevant report on file	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The information collected on this form will be held by Stewarts School in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 2018. The purpose of holding this information is for administration, and to facilitate the school in meeting the pupil's educational and/or medical needs etc.

Disclosure of any of this information to statutory bodies such as Department of Education & Skills or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians or pupils aged 18 or over if the school wishes to disclose this information to a third party for any other reasons.

Parents/Guardians of pupils and pupils aged 18 or over have a right to access the personal data held on them by the school and to correct if necessary.

I consent to the use of the information supplied as described.

Signed: _____

Date: _____