



St. Ita's Special School

Crushrod Ave. Drogheda Co. Louth

Tel 041 - 9831303

Web: www.stitasspecialschool.ie

Email: office@stitasspecialschool.ie



Year:

Date Received:

Note 1:
This form should be used to confirm details of a student wishing to apply for a place in St. Ita's special school. Please ensure that all sections of the form are completed in full prior to submitting to the school and that the relevant professional reports are attached.

A.
STUDENT DETAILS

Name of student:			Gender:	M	F
Home Address:			Eircode:		
PPSN:		Date of Birth:			
Date to be enrolled in school:	Year:	Category of assessed disability:			
Mothers Name:		Fathers Name:			
Mothers contact mobile:		Fathers contact mobile:			
Mothers email address:		Fathers email address:			

B.
PREVIOUS SCHOOL/CRECHE DETAILS

Name of last School/Creche attended:			
Address of last School/Creche attended:			Eircode
Email address		Phone Number	
Name of Principal/Manager			

C.			
<u>DETAILS OF PROFESSIONAL REPORT(S) being submitted</u>			
Professional	Please tick ✓	Author of report	Date of Report
Psychologist (Essential) **			
Occupational Therapist			
Psychiatrist			
Speech and Language Therapist			
Other, please specify			

D.				
<u>PARENTAL/GUARDIAN CONSENT</u>				
<p>I/We, the undersigned, being the parent(s)/guardian(s) of the above named student confirm:</p> <ul style="list-style-type: none"> • That this enrolment application has been discussed with me. • That I am aware that all information relating to this application for enrolment will be kept on file, and made available to the SENO/NCSE. 				
Signed		Name		Date
Signed		Name		Date
<p><u>Parents – Before you return this application form to the school office, have you enclosed the following</u></p>				
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Psychological Assessment			
<input type="checkbox"/> Proof of Address	<input type="checkbox"/> Other relevant Assessments			
<p><u>Please note that any incomplete application forms, or if any of the above items which are relevant to application are missing it will result in the form being returned to you and will cause a delay in processing while the additional information is being sought</u></p>				

Office Use only

Date application received:	___/___/20__	By who:
Age on possible intake	___Yrs ___Mths	
Date visited school:	___/___/20__	
Received with form:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Psychological Assessment <input type="checkbox"/> Proof of Address <input type="checkbox"/> Other relevant Assessments	
Designation outlined in report:	<input type="checkbox"/> MGLD <input type="checkbox"/> MOD GLD <input type="checkbox"/> ASD <input type="checkbox"/> Other	
Date of report:	___/___/20__	Notes on Report:
Recommendation for a Special School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date information sent to SENO	___/___/20__	<input type="checkbox"/> Form 7 <input type="checkbox"/> Transport <input type="checkbox"/> Assessment <input type="checkbox"/> Other

All documents must be copied before being sent to SENO

SIGN OFF BY PRINCIPAL

I hereby confirm:

- that this enrolment/application is supported by the Chairperson of the school's Board of Management and enrolment committee.
- that in making enrolment full consideration has been given to any support services already in the school.
- that the admissions policy of the school has been adhered to in full.

NOTES BY PRINCIPAL:

Signed		Date	___/___/___