Ballyowen Meadows Special School

**Loughlinstown Drive, Dun Laoghaire, Co. Dublin, A96 H735**

**Tel: (01) 239 3010 Fax: (01) 239 3084**

**Email Address:** **office@bmss.ie**

**APPLICATION FORM for Academic Year 2021/2022**

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| ***School Application*** |
|  Early Intervention (Pre-School): □ Primary School: □ *Please tick as appropriate*[Age: 3 to 5 years] [Age: 4 to 12 years] |

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| ***Child’s Details*** |
| Lastname: | Firstname: |
| Date of Birth:*(Please ensure copy of Birth Cert. is enclosed)* | PPS Number:(*For NCSE & DES use only)* | Gender: |
| Address: | Eircode: |

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| ***Parents/Guardians Details*** |
| Mother:□Guardian 1:□*Please tick as appropriate* |
| Lastname: | Firstname: |
| Address (if different to child’s):  | Eircode: | Home Tel. No.: |
| Mobile No.: |
| Email Address: |
| Father:□Guardian 2:□*Please tick as appropriate* |
| Lastname: | Firstname: |
| Address (if different to child’s):  | Eircode: | Home Tel. No.: |
| Mobile No.: |
| Email Address: |
| Parent/Guardian further comment:  |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother/Guardian 1Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father/Guardian 2 |

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| *Educational History*  |
| Where is your child’s current educational placement?Pre School □ Mainstream School in State □ Special School in State □ Private School in State □ School in Northern Ireland □ School Abroad □ At Home □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Name of current educational placement: |
| Address: | Eircode: |
| Number of years in current educational placement:  |

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| ***Care Needs*** |
| Will your child require medical support in School? Yes □ No □  *Please tick as appropriate* |
| Care Needs required:  *Please tick as appropriate* Toileting □ Feeding □ Behaviour □ Sensory □  Medical □ Physical □ Communication □ Other □  |
| Please provide details : |

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| ***Administration of Medication*** |
| If your child has medical needs that require the administration of medication during the school day, please provide details:(Please refer to the BMSS Admission & Participation Policy) |

**NB - Please include all items requested in the cover letter**.

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| ***Checklist for Applicant*** |
| Completed all sections of Application Form: Yes □ No □  |
| Proof of address: Yes □ No □  |
| Birth Certificate: Yes □ No □  |
| Recent Psychological Assessment: Yes □ No □ *Please note that to meet the category of the school this report must confirm your child’s diagnosis of autism and mild intellectual disability.* |
| Other available professional reports in relation to your child e.g. School Report from current school Yes □ No □ Individual Education Plan from current school Yes □ No □ Speech and Language Report Yes □ No □ Occupational Therapy Report Yes □ No □ Early Intervention Team Report Yes □ No □ Medical Report Yes □ No □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes □ No □  |

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| ***Office Use Only*** |
| Date Received:  |
| Application Form: Yes □ No □  |
| Proof of address: Yes □ No □  |
| Birth Certificate: Yes □ No □  |
| Psychological Assesment: Yes □ No □  |
| Additional assessments/reports included: Yes □ No □  |
| Within catchment area: Yes □ No □  |
| Completed Application: Yes □ No □  |