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**](mailto: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 1  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 □ |