



Ballyowen Meadows Special School

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

Tel: (01) 239 3010 Email Address: office@bmss.ie

APPLICATION FORM for Academic Year 2024/2025

School Application

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

Child's Details

Lastname:		Firstname:	
Date of Birth: <i>(Please ensure copy of Birth Cert. is enclosed)</i>		PPS Number: <i>(For NCSE & DES use only)</i>	Gender:
Address:			Eircode:

Parents/Guardians Details

Mother: <input type="checkbox"/> Guardian 1: <input type="checkbox"/> <i>Please tick as appropriate</i>			
Lastname:		Firstname:	
Address (if different to child's):		Eircode:	Home Tel. No.:
			Mobile No.:
Email Address:			
Father: <input type="checkbox"/> Guardian 2: <input type="checkbox"/> <i>Please tick as appropriate</i>			
Lastname:		Firstname:	
Address (if different to child's):		Eircode:	Home Tel. No.:
			Mobile No.:
Email Address:			
Parent/Guardian further comment:			
Signed: _____ Mother/Guardian 1		Date: _____	
Signed: _____ Father/Guardian 2		Date: _____	

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

Date first enrolled in Pre School
Where applicable

Date first enrolled in Primary School
Where applicable

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:

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)

Checklist for Applicant

Completed all sections of Application Form:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Certificate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Recent Psychological Assessment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Please note that to meet the category of the school this report must confirm your child's diagnosis of autism and mild intellectual disability.</i>		
Other available professional reports in relation to your child e.g.		
School Report from current school	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual Education Plan from current school	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speech and Language Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupational Therapy Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Early Intervention Team Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Office Use Only

Date Received:		
Application Form:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of address:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Certificate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Psychological Assesment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional assessments/reports included:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Within catchment area:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Completed Application:	Yes <input type="checkbox"/>	No <input type="checkbox"/>