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 2026/2027

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: *(Please ensure copy of Birth Cert. is enclosed)*	PPS Number: *(For NCSE & DES use only)*	Gender:
Address:		Eircode:

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

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)

NB - Please include all items requested in the BMSS Admissions & Participation Policy.

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 ☐

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