



Ballyowen Meadows Special School

Beechwood Court, Stillorgan, Co. Dublin, A94 A3K6

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

APPLICATION FORM for Academic Year 2027/2028

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: ☐ Guardian 1: ☐ <i>Please tick as appropriate</i>			
Lastname:		Firstname:	
Address (if different to child's):		Eircode:	Home Tel. No.:
		Mobile No.:	
Email Address:			
Father: ☐ Guardian 2: ☐ <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)

<i>Checklist for Applicant</i>		
Completed all sections of Application Form:	Yes ☐	No ☐
Proof of address:	Yes ☐	No ☐
Birth Certificate:	Yes ☐	No ☐
Recent Psychological Assessment:	Yes ☐	No ☐
<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 ☐	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 ☐

<i>Office Use Only</i>		
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 ☐