

Scoil Oilibhéir Naofa Junior School

Bettystown, Co Meath A92 H762 Roll No: 20216L

Phone: 041-9887431 Email: office@bettystownschool.ie Web: www.scoiloilibheirnaofa.com



Príomhoide – Maria White Leas Phríomhoide – Deirdre McLoughlin

Enrolment Form for ASD Unit

Today's Date: _____ School Year to start _____

Child's First Name: _____ Surname _____ PPSN _____

Date of Birth: _____

Address: _____

Child's Position in Family: _____ Male Female

Nationality: _____ Religion: _____ Place of Baptism _____

Please supply school with Birth Certificate and Baptismal Certificate, where applicable, when returning this form.

Parent(s)/Guardian(s) Names & Occupations: *(This information is required by Dept. Education & Skills)*

Mother _____ Father _____

Occupation _____ Occupation _____

Mobile-Mother _____ Father-Mobile _____

Email – Mother _____ Email – Father _____

Home Telephone No. _____ Daytime Contact Number: _____

Mobile No. to be used for Text a Parent _____

Who does the child reside with (please ✓)

Both parents at the above address Mother Father Other _____

Emergency Contact: 1 - Name _____ Tel: _____

(Not to be the same as parents)

Emergency Contact: 2 - Name _____ Tel: _____

(Not to be the same as parents)

If child is starting school for the first time

Name of Pre-School attended: _____ Telephone Number: _____

Years Attended: _____

If your child is transferring from another school

Please include end of year reports from your child's previous school

Enrolling for _____ Class: Reason for transferring child _____

Previous School: _____

Address: _____

Telephone Number: _____ Principal's Name _____

Enrolment period in last school: From _____ To _____ **P.T.O.**

Medical Information:

Local Family Doctor: _____ Phone Number _____

Address: _____

If you have not already registered with a local Doctor, please do so as soon as possible.

**Does your child have any medical conditions or allergies we should know about? (e.g. Asthma, epilepsy, diabetes). Please give information here, including what action should be taken in an emergency.
No medication can be brought to school without prior arrangement with the Principal.**

Signature of Parent/Guardian: _____

Date: _____

Important: Please inform the school of any changes in the above information, especially contact telephone numbers and email addresses.

I/we confirm I/we have read the Code of Conduct Policy (available on school website), that this code is acceptable to me/us and that I/we will make all reasonable efforts to ensure that my/our child complies with this school code.

Signed Parent/Guardian (1): _____

Date: _____

Signed Parent/Guardian(2) _____

Date: _____

As per Enrolment Policy

This enrolment form must be accompanied by an up-to-date educational psychological assessment and full diagnostic report from a multi-disciplinary team. The overall I.Q. score / level of ability as measured in the psychological assessment should not be below the Mild General learning Disability Range.

Please note entry into our applications file does not secure a place in the ASD Unit.