

**ST. RYNAGH'S PRIMARY SCHOOL, BANAGHER**  
**Application for Admission of New Pupil to ASD Class**

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| <b>Pupil's Name</b> -----<br><b>Date of Birth</b> -----<br><b>PPS No.</b> -----<br><b>Religion</b> -----<br><b>Nationality</b> ----- | <b>Address</b> -----<br>-----<br><b>Eircode</b> -----<br><i>(Eircode needed for Department of Education)</i><br><b>Phone No.</b> ----- |
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| <b>Name of Previous School</b> ----- <b>Class</b> ----- |
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| <b>Has your child attended a Montessori Nursery School, Naonraí or Early Start Programme?</b> ----- |
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| <b>Has your child any medical condition of which the school should be informed?</b> <i>(eg. allergies, epilepsy, asthma, sight, hearing etc.)</i><br>-----<br><b>Has your child had an Educational, Psychological, Speech &amp; Language Assessment or Occupational Therapy carried out by the Midland Health Board or any other similar body?</b> |
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| <b>Does any legal order under family law exist that the school should know about?</b> <i>(the school should be made aware of any court order which affects the child's welfare and also the names of any person into whose custody the child should not be given)</i> |
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| <b>Father's Name</b> -----<br><b>Work Place No.</b> -----<br><b>Mobile No.</b> ----- | <b>Mother's Name</b> -----<br><b>Maiden Surname</b> -----<br><b>Work Place No.</b> -----<br><b>Mobile No.</b> ----- |
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| <b>Name and Telephone No. of person to be contacted in case of accident/illness when a parent /guardian is unavailable.</b> |
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Please include a copy of your child's Birth Cert. with this form.

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Our Administrative Policies including our Enrolment Policy and Code of Behaviour Policy are available on our website [www.strynaghsns.com](http://www.strynaghsns.com) If you as a parent want us to print out a copy of a policy for you we will do so.

In order to register your child we need you to sign below that the code of behaviour of our school is acceptable to you and that you shall make all reasonable efforts to ensure compliance with the code by the child you are registering.

Signed: ----- Parent/Guardian      Date -----

P.T.O.

**To which ethnic or cultural background does your child belong (please tick one)?**

(Categories are taken from the Census of Population)

|                            |                          |                                |                          |      |                          |
|----------------------------|--------------------------|--------------------------------|--------------------------|------|--------------------------|
| White Irish                | <input type="checkbox"/> | Irish Traveller                | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> | Black African                  | <input type="checkbox"/> |      |                          |
| Any other Black Background | <input type="checkbox"/> | Chinese                        | <input type="checkbox"/> |      |                          |
| Any other Asian Background | <input type="checkbox"/> | Other (incl. mixed background) | <input type="checkbox"/> |      |                          |
| No Consent                 | <input type="checkbox"/> |                                |                          |      |                          |

The information supplied on this form is retained and used in line with our Records and Data Protection Policy. The information will be stored on the Department for Education and Skills Primary On Line Data Base.

Please sign below to give consent for the above information to be recorded on the Primary On Line Data Base.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Our school operates a **School Website**. The web address is [www.strynaghsns.com](http://www.strynaghsns.com)  
The site provides information to the public about our school and gives an insight into some of the activities in which the pupils are involved.

- The publication of student work will be co-ordinated by a teacher.
- Personal pupil information will be omitted from web pages.
- Photographs and audio clips on the website will focus on group activities.

Please sign below to agree that the inclusion of your child's work or his/her appearance in a group photograph/video or audio clip under the conditions above is acceptable to you.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have an assessment by an appropriate professional with a written recommendation to attend a special class for autistic students in a mainstream setting? Yes ☐ No ☐