



APPLICATION FORM – ASD Class

Loreto Junior Primary School, Crumlin.

Name of Child		Age:	Date of Birth:
Address		Does your child reside in parish of Dolphin's Barn/Rialto? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PPSN		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Name of Parent/Guardian(s):			
Contact Details Mother:		Contact Details Father:	
What mobile number should be used to receive text messages from the school?		Email Address: (Personal)	
Names of brothers/sisters who are currently in the school or a past pupil now			
Child's current school placement			
Date of Diagnosis			

	Yes	No
Does your child have a confirmed diagnosis of ASD		
Does your child's diagnosis contain a recommendation of placement in an ASD specific class		

Please supply relevant documentation to support the above (indicate in table hereunder reports being attached)

Professional	Please tick ✓	Author of report	Date of Report
Psychologist			
Occupational Therapist			
Psychiatrist			
Speech and Language Therapist			
Other, please specify			

Additional Support

Has your child ever been assessed by an Educational Psychologist, Speech therapist or Occupational therapist or has an assessment been recommended?

Yes No

If yes please give a copy of the report to the principal

Does your child attend learning support?

Yes No

Medical Consent

Does your child suffer from any allergies? Yes No

Details _____

In the event of serious illness/accident every effort will be made to contact parents/guardians by phone. In the event that you are not contactable:

Do you agree to allow a staff member to take your child to the hospital/doctor? Yes No

Do you give permission for a staff member to sign a hospital consent form? Yes No

Doctor's Name: _____ Tel No: _____

Doctor's address: _____

Child's Full Name: _____

Signed: _____ Date: _____

(Parent/Guardian)

Stay Safe/ RSE (Relationship Sexuality Education)

I give permission for my child to participate in the SPHE (Social, Personal, Health Education programme which includes RSE and the Stay Safe programme

Signed: _____ Parent/Guardian

School Website/Class Dojo

I give permission for photographs of my child and their work/activities to be included on the school's website and class dojo (Surnames will not be used)

Signed: _____ Parent/Guardian

Texts/Emails:

We will regularly text and send emails to communicate information to you. This is to save lots of paper going home. Please ensure we have your most up to date number and email.

Child's name: _____

Mobile phone number: _____ Relationship to child: _____

Email address: _____

GENERAL CONSENT

I give permission for Loreto Junior Primary School to request school reports from other schools and relevant bodies to include professional reports/end-of-year reports and school attendance records.	Yes	No
I give my permission for Loreto Junior Primary School to share my child's personal information ie. Name, Address, Date of Birth, Contact Details with the Health Services Executive for the School Dental/Vision Programme.	Yes	No
I give my child permission to go on school tours and outings in the locality eg. The Church, Sundrive Park etc.	Yes	No
I give my permission for my child to have his/her photograph taken by a professional company. (There is no obligation to purchase)	Yes	No

PRIMARY ONLINE DATABASE (P.O.D.) CONSENT

for Religion/Ethnicity/Cultural Background

All pupils must be registered on the Department of Education and Skills Primary Online Database (P.O.D.). Included in this registration is a request for information regarding Religion, ethnicity and cultural background. This information is deemed sensitive by the Data Protection Commissioner.

I consent to the information I provide regarding Religion, ethnicity and cultural background to be included on P.O.D.

Yes No

Signed: _____ Parent/Guardian

To which ethnic or cultural background group does your child belong? (Please tick one)
Categories based on the Census of population.

White Irish	Irish traveller	Roma	
Any other white background	Black African	Any other Black Background	
Chinese	Any other Asian Background	Other (inc. mixed background)	
No Consent			

What is your child's religion?

Roman Catholic	Church of Ireland (inc. Protestant)	Presbyterian	
Methodist, Wesleyan	Jewish	Muslim (Islamic)	
Orthodox (Greek, Coptic, Russian)	Apostolic or Pentecostal	Hindu	
Buddhist	Jehovah's Witness	Lutheran	
Atheist	Baptist	Agnostic	
Other Religions	No Religion	No Consent	

I consent for this information to be stored on the Primary Online Database (P.O.D.) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____ Parent/Guardian Date: _____

