



St. Francis Special School

Fón/Fax: 0646644452 www.sfss.ie

Email: info@sfss.ie Roll:19547E

Principal: Keith Ó Brolacháin

Deputy Principal: Colin McGillicuddy

PLEASE COMPLETE ALL SECTIONS

Required Enrolment Date: DD/MM/YYYY

Student Surname: _____ Student Forename(s): _____

Date of Birth: DD / MM / YYYY P.P.S. Number: __ / __ / __ / __ / __ / __ / __ / __ / __

Father's Name: _____ Mother's Name: _____

Mother's Maiden Name: _____ Religious Denomination: _____

Family Home Address: _____

Contact Details

NB – If any contact details change please inform the school immediately

Home: _____ Mother's Mobile: _____ Father's Mobile: _____

Mother's Email: _____ Father's Email: _____

Alternative Contact Number: _____

(INSERT NAME OF PERSON AND RELATIONSHIP TO STUDENT HERE)

Alternative Contact Number: _____

(INSERT NAME OF PERSON AND RELATIONSHIP TO STUDENT HERE)

* * * * *

Family Doctor: _____ Tel: _____

Consultant: _____ Tel: _____

(INSERT RELEVANT CONDITION HERE)

Hospital Nurse: _____ (May be contacted by the school for further information and training)

Address: _____

Tel: _____

* * * * *

Arrangements to be made if child is ill in school: _____

Alternative Drop Off Address: _____

_____ Tel: _____



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Medical Information

NB – If any details change the school must be informed immediately in writing

Signs and symptoms of this student's condition:

Triggers/things that make this student's condition worse:

Routine healthcare requirements during school hours:

Routine healthcare requirements outside of school hours:

Regular medication taken during school hours – please fill out full details including dosage:

Emergency medication – please fill out full details including dosage:

Activities – any special considerations to be aware of?

Has your child received all their vaccinations to date/ Hepatitis B vaccinations?

Any additional information relating to the student's healthcare in school:



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Do you give permission to the Multi-Disciplinary Team (Speech and Language Therapists, Occupational Therapists, Physiotherapists, Social Worker), Principal, Class Teacher, School Nurse and Respite Co-ordinators to acquire all relevant reports in relation to your child? _____

Do you agree that the medical information contained in this plan may be shared with individuals involved in your child's care and education (including emergency services)? _____

In the event of an emergency, do you agree that your child may receive medication administered by a staff member, or be otherwise provided with treatment as set out in the attached Emergency Plan?

Does any legal order under Family Law exist that the school should be aware of?

Do you give permission to the Principal to share your contact details with the Parents Association?

* * * * *

Medical Card Number: _____ Social Welfare Claim Number: _____

* * * * *

Parent/Guardian Signature: _____ Date: _____

*** Any further information**

Please list any problems your child may have in relation to health (allergies, epilepsy, asthma, sight, hearing, speech, fainting, etc.) toilet training, inability to cope with buttons, laces, etc. If you think you may be eligible under the FREE BOOK SCHEME, please indicate your Medical Card or SW Claim Number. The School should also be informed of any Court Order which affects the Child's Welfare and also the name of any person into whose custody the child should not be given.



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This Application *MUST* be accompanied by your child's *ORIGINAL* birth certificate.

The school will make a copy of the document(s) submitted and will return all of the original documents.

A copy of the schools Admissions Policy is available on the school website or through the office.

Declaration:

I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use as described.

Parent/Guardian's Signature:	Parent/Guardian's Signature:
Date:	Date:

Data Privacy Statement

The information provided on this form will be used by **St. Francis Special School** to apply the selection criteria for enrolment in the school and to allocate school places in accordance with the School's Admission Policy and the School's Annual Admission Notice.

Where a pupil is admitted to the school, the information will be retained on the pupil's file.

On acceptance of an offer of admission, this information will be entered in the School Administration System **Aladdin** and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

In the event of oversubscription, a waiting list of students whose applications for admission to **St. Francis Special School** were unsuccessful due to the school being oversubscribed will be compiled, and will remain valid for the school year in which admission is being sought (**See Section 13 – or relevant section – School Admission Policy**).

Where a child's name is placed on a waiting list, and the child is not admitted to the school, the information provided on this form will be retained for the duration of the school year and will be securely destroyed thereafter.

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students. The information which may be provided to a patron or another Board of Management for this purpose may include all or any of the following:

- (i) the date on which an application for admission was received by the school;
- (ii) the date on which an offer of admission was made by the school;
- (iii) the date on which an offer of admission was accepted by an applicant;
- (iv) a student's personal details including his or her name, address, date of birth and personal public service number (within the meaning of section 262 of the Social Welfare Consolidation Act 2005)