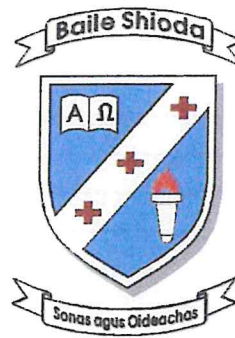


Ballyheada N.S
Ballinhassig
Co. Cork

Roll No. 15550T
Phone 021-4885066
Email: Admin@ballyheadans.ie



BALLYHEADA NATIONAL SCHOOL
Special Class Enrolment Application Form
September 2025

Please complete each section. Kindly forward copies of all relevant reports to our Administration Office immediately. Once we receive these, we will process your application. This form and associated documents can be returned by post to:

Ballyheada NS, Skehanagh,

Ballinhassig, Co. Cork. T12KT99

or as an attachment by email to

admin@ballyheadans.ie

Closing dates for the receipt of admission forms will apply in line with our admissions policy. Please email/phone us if you have any queries. Telephone: 021 4885066 or email admin@ballyheadans.ie

Please complete this Special Class Application form and also our mainstream application form and return it as soon as possible with copies of the following reports:

- An up-to-date psychological assessment, ie: an assessment which has been carried out within the previous 12 months, which clearly specifies that your child meets the DSM IV criteria for diagnosis with ASD.
- A statement of your child's cognitive functioning as well as current behaviour analysis
- An up to date Speech and Language Assessment
- An up to date Occupational Assessment
- Sight and / or hearing tests results if available

Year enrolment	
Birth Certificate	
Baptismal Certificate	
Date Received	
S&L Report	
OT Report	
Psychological Report	
All permissions given	

Child's Information

Name in full: _____

Date of Birth: _____

Gender: _____ Male ____ Female ____

Child's PPS Number: _____

Nationality of Child: _____

Address of Child:

Eircode: _____

Mother's Maiden Name: _____

Language Spoken at home: _____

Chosen Number for school text: _____

Place of birth: _____

Do you have other children currently attending Ballyheada NS? _____

Please give names and classes (or write N/A not applicable): _____

Have you or your parents attend Ballyheada NS in the past? _____

Parent/Guardian Details:

Details	Parent / Legal Guardian 1	Parent / Legal Guardian 2
Name		
Nationality		
Spoken Language/s		
Address		
Eircode		
Contact Numbers		
Email Address		

Emergency Contacts

Please provide additional contacts that we may use if it is not possible to contact the parent or guardian:

Name	Contact Numbers	Relationship to child
1.		
2.		
3.		

Pre-school Details

Name / Contact details of Pre school attended

Transferring from another Primary School

Only fill in this information if your child was previously enrolled in another Primary School:

Name of School: _____

Dates Attended: _____

Classes Completed: _____

Do you consent to Ballyheada National School contacting the above named school/teacher in relation to your child?

Additional Information

This additional information will help the school to understand your child's individual circumstances, obtain additional supports, and will be held in the strictest of confidence.

Has your child received a diagnosis of autism?

Does your child have a multi-disciplinary report or a psychological assessment report? (A multi-disciplinary team may consist of a clinical psychologist, occupational therapist, speech & language therapist, social worker or a physiotherapist).

Has your child a recommendation for placement in a special class for children with autism, attached to a mainstream school?

Is your child on any long-term medication? _____

Does your child have any other condition/illness/special needs which you feel could affect your child during the school day and should be brought to the attention of the class teacher?

If yes, please give details:

Has your child a learning disability? _____

If yes, please specify:
(consult assessment team if unsure)

With regard to future schooling, what is the recommendation of the assessment team?

Mobility

Does your child have any needs with regard to mobility? _____

If yes, please give details:

Self Help Skills

To help us get a clearer picture of your child's needs so that we can plan for his/her entry to school, the following information is required:

Has your child any special dietary requirements/food allergies/food intolerances?

If yes, please give details:

Does your child have any sensory issues around feeding?

If yes, please give details:

Can your child feed him/herself unaided? _____

What treats does your child really enjoy? Crisps, popcorn, jellies, drinks etc

Is your child toilet trained? _____

How would you describe your child's ability to communicate?

Age appropriate, delayed, non verbal, e.g. gesture, pictures, single words, sentences, other? Please outline:
