

APPLICATION FOR ENROLMENT OF CHILD IN SCOIL MOCHUA

# 2024- 2025

Closing date for applications: 31.01.2025

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|  Pupil’s Details   Name: ……………………………….. Date of Birth: ……………………………  Address: ……………………………. PPSN: ……………………...……….……  ………………………………………... Nationality: ……………………...……….  ………………………………………… Religion: ………………………………….  Eircode: ….…………………............... Language Spoken at Home: ……………..   Male Female  |
| Mother’s Details  Name: …………………………………….  Address: …………………..……………...  ……………………………….……………  ……………………………….……………  Eircode: ………………….………………  Mobile No: ………………….……………  Email: ……………………….…...………  Nationality: ………….……..……………   | Father’s Details  Name: ……………………………………..  Address: …………………………………...  ………………………………………………  ………………………………………………  Eircode: ……………………………………  Mobile No: …………………………………  Email: ……………….……………...………  Nationality: …………..…….………………    |
| Physical Disability:      |
| Additional Disability:     |

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| Sight / Vision:     |
| Hearing:     |
| Communication / Speech:     |
| Mobility:     |
| Feeding Needs:     |
| Toileting Needs:      |
| Use of specialised equipment including communication devices, hoists, stander, specialised seating, walker:      |
| Medication:      |
| Additional Information:         |
| Details of any Schools already attended: Name of School:  School Principal:  Current Class Level:   |
|  Why you would like your child to attend Scoil Mochua :  ………………………………………………………………………………………………..........  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..   |
|  Does your child attend the CDNT 4? Yes No  If your child does not attend the CDNT 4, please state your child’s current service provider:  ……………………………………………………………….  Is your child linked in with the following professionals? Please provide names. Key Family Worker : Yes □ No □ Name: ……………………………… Physiotherapist: Yes □ No □ Name: ……………………………… Speech and Language Therapist: Yes □ No □ Name: ………………………………Occupational Therapist: Yes □ No □ Name: ………………………………Does your child attend the FEDS Clinic? Yes No   |

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

 Relationship to the child:……………………….

Checklist For Parents

* Fully completed application form

* Copy of birth certificate

* Proof of address for child (utility bill within last 6 months)

* Professional Report(s) which:

* + Outline the child’s physical disability

* + Outline the child’s level of care needs including feeding, toileting, mobility and communication
	+ Recommend a special school educational setting

* + Recommend additional SNA support

* + Recommend that the child travel on school transport

* + Recommend that the child requires a bus escort while on school transport

The purpose of professional reports is to assist the school in establishing the educational needs of the child relevant to his/her disability or special needs and to profile the support services required. Additional reports may be requested from parents by the Medical Director and/or the School Principal.

GDPR: Please note, Scoil Mochua cannot access reports for children who are not already pupils in the school and, therefore, all required reports must be included with this application.

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| Official Use Only  |  |  |
| Date Application Received  |   |  |
| All sections of application form completed  | Yes  | No  |
| Proof of address provided and in date  | Yes  | No  |
| Within catchment area  | Yes  | No  |
| Birth certificate provided  | Yes  | No  |
| Report outlining physical disability  | Yes  | No  |
| Report outlining care needs  | Yes  | No  |
| Recommendation for special school setting  | Yes  | No  |
| Recommendation for additional SNA support  | Yes  | No  |
| Recommendation for school transport and bus escort  | Yes  | No  |