

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 |