



HOLY FAMILY SCHOOL

Baker's Road, Charleville, Co. Cork. P56 AH39

Tel. 063 - 81621

secretary@holyfamilyschoolcharleville.com



APPLICATION FORM

Please affix a
current photo
of your child
here

NAME: _____

ADDRESS: _____

CONTACT NO: _____

D.O.B.: _____

P.P.S. No: _____

MEDICAL CARD NO: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CONTACT Nos: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CONTACT Nos: _____

SIBLINGS (Names) : _____ AGE: _____

_____ AGE: _____

_____ AGE: _____

_____ AGE: _____

_____ AGE: _____

EMERGENCY Nos: _____

(If Parent/Guardian is not available)

NAME/RELATIONSHIP: _____

RELIGION: _____

FAMILY G.P.: _____

TEL. NO: _____

LANGUAGE SPOKEN AT HOME: _____

SERVICES INVOLVED WITH YOUR CHILD:

PHYSIOTHERAPY YES NO

NAME: _____

CONTACT No: _____

PSYCHOLOGY YES NO

NAME: _____

CONTACT No: _____

OCCUPATIONAL THERAPY YES NO

NAME: _____

CONTACT No: _____

SPEECH & LANGUAGE YES NO

NAME: _____

CONTACT No: _____

SOCIAL WORKER YES NO

NAME: _____

CONTACT No: _____

PRE-SCHOOL YES NO

NAME: _____

CONTACT No: _____

PAEDIATRIC IAN YES NO

NAME: _____

CONTACT No: _____

OTHER CONSULTANTS YES NO

IF YES PLEASE LIST BELOW.

CONSULTANT'S NAME: _____ AREA OF EXPERTISE _____

CONSULTANT'S NAME: _____ AREA OF EXPERTISE: _____

CONSULTANT'S NAME: _____ AREA OF EXPERTISE: _____

SERVICE PROVIDERS:

HOW DID YOU HEAR ABOUT HOLY FAMILY SCHOOL: _____

IN WHAT YEAR DO YOU WISH TO ENROL YOUR CHILD? _____

DO YOU WISH YOUR CHILD TO ATTEND HOLY FAMILY SCHOOL FULL-TIME: _____

WHAT IS THE NATURE OF YOUR CHILD'S DISABILITY i.e.

AUTISTIC SPECTRUM DISORDER

GENERAL MODERATE LEARNING DIFFICULTY

SEVERE/PROFOUND GENERAL LEARNING DIFFICULTY PLEASE TICK AS APPROPRIATE.

ARE YOU SEEKING A PLACE IN SEVERE/PROFOUND ID

AUTISM

GENERAL MODERATE ID CLASS

PRE-SCHOOL ASD PLEASE TICK AS APPROPRIATE.

PLEASE ATTACH MOST RECENT COPY OF ASSESSMENT, IF AVAILABLE. PLEASE BE AWARE THAT A PSYCHOLOGICAL ASSESSMENT **MUST** BE PROVIDED BY MARCH PRIOR TO ADMISSION IN SEPTEMBER.

HAS YOUR CHILD PREVIOUSLY ATTENDED PRE-SCHOOL: _____

PLEASE GIVE DETAILS: _____

HAS YOUR CHILD PREVIOUSLY ATTENDED SCHOOL? IF SO, PLEASE GIVE DETAILS.

PLEASE GIVE DETAILS BELOW ON YOUR CHILD'S PATTERN RE:

(A) FEEDING & DRINKING: _____

(B) SPECIAL DIET (IF ANY): _____

SLEEP: _____

(C) MOBILITY: _____

IS SPECIALIZED TRANSPORT (I.E. WHEELCHAIR) REQUIRED FOR YOUR CHILD: _____

(D) COMMUNICATION: HOW DOES YOUR CHILD COMMUNICATE BEST (SIGNS, GESTURES, POINTING, SPEECH, LAMH, PECS ETC)? _____

(E) SOCIAL BEHAVIOUR: HOW DOES YOUR CHILD GET ON WITH OTHERS? _____

OUTINGS: HOW DOES HE/SHE REACT TO TRIPS OUT E.G. SHOPPING CENTRE, VISITS TO THE PARK ETC? _____

(F) PLAY ACTIVITIES: _____

(G) TOILETING: IS HE/SHE TOILET TRAINED? _____

DETAIL ANY ISSUES : _____

(H) FINE MOTOR SKILLS (ZIPS, BUTTONS) _____

(I) SENSORY ISSUES (DOES YOUR CHILD DISPLAY AN UNUSUAL REACTION TO NOISE, TOUCH, SMELLS ETC)? _____

CHILDHOOD ILLNESSES: PLEASE GIVE DETAILS BELOW OF ANY CHILDHOOD ILLNESSES e.g, CHICKEN POX, RECURRENT CHEST INFECTIONS, TONSILLITIS ETC.

WHAT MAKES YOUR CHILD HAPPY? _____

WHAT MAKES YOUR CHILD UNHAPPY? _____

ANY FURTHER INFORMATION WHICH YOU MAY CONSIDER RELEVANT OR USEFUL: _____

SIGNED: _____
PARENT/GUARDIAN.

DATE: _____

PARENT/GUARDIAN.

DATE: _____

CONSENT FORM

Name: _____

D.O.B: _____

I/We the undersigned hereby give consent to Holy Family School to access and share the following reports/programmes with other bodies relevant to achieving school placement:

Physiotherapy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Psychology	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Occupational Therapy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Speech & Language Therapy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Social Work	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pre-school	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Paediatrician	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other Consultants	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any other relevant reports on file	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SIGNED: _____
PARENT/GUARDIAN.

DATE: _____

SIGNED: _____
PARENT/GUARDIAN.

DATE: _____