

# Presentation Girls' Primary School,

## Application Form for Early Intervention Class for Children with Autism 2024/2025

Note: This form must be completed in full and returned to the school, along with a Birth Certificate, proof of address and any professional/assessments/reports. Completion of this form does not guarantee your child a place in the Early Intervention Class.

### Part A Family Details

#### **Your Child**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

No of children in family: \_\_\_\_\_

\_\_\_\_\_

Child's place in family: \_\_\_\_\_

Tel No.: \_\_\_\_\_

Child's PPSN: \_\_\_\_\_

Nationality: \_\_\_\_\_

Has your child attended another Preschool?

Yes

No

Name: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Has your child received Home Tuition?

Yes

No

From: \_\_\_\_\_ To: \_\_\_\_\_

Please provide a written report from Home Tuition/Pre-School if available

#### **Parents/Guardians**

Mother's/Guardian's Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Home Tel No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Home Tel No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email address: \_\_\_\_\_

### Part B: Reports

Type of Assessments	Yes	No	Date of Assessment	Professional Agency
Psychological				
Speech & Language				

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Type of Assessments	Yes	No	Date of Assessment	Professional Agency
Occupational Therapist				
Psychiatric				
Behavioural Therapist				
Other (please specify)				

### Part C: Medical Details

*(Required to ensure the school has your doctor's contact details in order to contact that doctor in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances)*

#### Medical Emergency/Accident

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorize that at their discretion a member of staff may bring my child to a Doctor/Hospital if an emergency arises.

**Signed (Parent/Guardian)** \_\_\_\_\_

Family Doctor (only if you wish)

Doctors name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Does your child need to take medication during the school day:                      Yes                       No

*If 'yes', please read and familiarise yourself with the schools Safety Statement Section 8.2 Administration of Medicines available on the school website or a hard copy is available from the school Secretary's office.*

Does your child have any specific medical condition or information of relevance (e.g. asthma, eyesight, hearing etc.) which may affect your child at school?

\_\_\_\_\_

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.

Does your child have an allergic reaction to any medication or food?

\_\_\_\_\_

\_\_\_\_\_

I declare that the above information is correct and understand that it will be treated as confidential.

**Signed (Parent/Guardian)** \_\_\_\_\_

**Date:** \_\_\_\_\_

<p><b>For Office Use Only</b></p> <p>Date received _____</p> <p>Proof of Address <input type="checkbox"/></p>	<p>Notes:</p> <p>Birth Certificate <input type="checkbox"/></p>
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## Presentation Girls' Primary School,

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The Department of Education & Skills has developed an electronic database for Primary Schools. This gives the Department access to information that enables it to provide grants and resources to schools and to plan for future provision in specific areas. The DES require a small amount of information to fully register your child on the Primary Online Database (POD). Could you please complete the form below.

*Pupil's Name as on Birth Cert:* \_\_\_\_\_

*Class:* \_\_\_\_\_

<i>Please tick just <u>one</u> box below</i>	↓
<b>Ethnic or Cultural Background</b>	
White Irish	
Traveller	
Roma	
Any other White Background	
Black or Black Irish - African	
Black or Black Irish - Any other Black Background	
Asian or Asian Irish - Chinese	
Asian or Asian Irish – Any other Asian Background	
Other (inc. Mixed Background)	
<i>I do not wish to share this information with the DES</i>	<input type="checkbox"/>

<i>Please tick just <u>one</u> box below</i>	↓
<b>Pupil Origin (before this school)</b>	
Childcare Setting - Pre-Primary Education/Early Start Programme	
Another Mainstream National Sch.	
Special School in Ireland	
Private Primary School (Ireland)	
School in Northern Ireland	
School abroad	
Home - Not in any school	
Other	

<i>Please tick just <u>one</u> box below</i>	↓
<b>Religion</b>	
Roman Catholic	
Church of Ireland (inc. Protestant)	
Presbyterian	
Methodist, Wesleyan	
Jewish	
Muslim (Islamic)	
Orthodox (Greek, Coptic, Russian)	
Apostolic or Pentecostal	
Hindu	
Buddhist	
Jehovah's Witness	
Lutheran	
Atheist	
Baptist	
Agnostic	
Other Religions	
No Religion	
<i>I do not wish to share this information with the DES</i>	<input type="checkbox"/>

Is one of the pupil's language spoken at home Irish or English?  Yes  
 Language spoken at home if not Irish or English  No

*I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in primary school.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_