

## Appendix 1 - APPLICATION FORM – St Annes School (for 1<sup>st</sup> Sept 23)

Child:	(School Stamp with Date of receipt of Application)
Childs First and Last Name:	
Address:	
Childs Gender:	
Date of Birth:	
Previous School:	
Designated Category: (circle applicable):	ASD, Severe & Profound, Multiple, MGLD
Has a sibling already in School Yes or No:	
Family:	
Home Phone No & Alt Home No:	
Address (with Eircode)	
Alternate address:	
1. First and Last Name Guardian1/ Mother:	
Mobile Number & Work Number:	
	Guardian 1 / Mother
2. First and Last Name Guardian 2/ Father	
Mobile Number & Work Number:	
	Guardian 2 / Father
Emergency Contacts:	
1. Name & Description:	
Mobile No & Work No:	
2. Name & Description:	
Mobile No & Work No:	
Does your child have specific medical ne	eds that may require attention while at School?
YES/NO	
If YES. Please give detail	S:
If you have answered YES to any of the a	bove* please ATTACH up to date reports as outlined
in Section 5.4 b) i-vi of the Enrolment and	Participation Policy
I confirm that I have read and agreed to the	ne Terms outlined in St Anne's Participation &
Enrolment Policy: $\Box$ (Box must be $\sqrt{t}$	icked to validate the application process)
Guardian 1 / Mother Signature and Date	e:
Guardian 2/ Father Signature and Date	e:

NOTE: THIS APPLICATION CANNOT BE PROCESSED WITHOUT AN UP TO DATE PSYCHOLOGICAL ASSESSMENT

## **Appendix 2** - Documentation

Please ensure that all of the following is supplied with the application as otherwise it will not be processed:

	An original birth certificate (with photocopy)
	Two proofs of address from a) ESB bill b) Gas bill c) Landline Telephone bill d) NTL bill
	A detailed report from a psychologist setting out the child's primary and secondary diagnoses and confirming that the child is in the Moderate to Profound cognitive and adaptive ranges (from within the last 24 months)
	In the event your child has additional access requirements to SNA support (over and above the general allocation model), supporting reports from Psychologist/Multidisciplinary Team should be included within the recommendations
	Any reports from a psychiatrist or members of the medical profession identifying additional diagnosed needs (from within the last 2 years of the date of application)
	A school report from within the last 12 months (includes formal test results and most recent I.E.P)
	All other relevant reports – speech & language therapy/ occupational therapy/ physiotherapy or social worker report (from within 3 years of the date of application)
l unde •	rstand that: the receipt of an application form does not guarantee that the child will be offered a place
•	it is my responsibility to inform the school of any change of contact details or other relevant circumstances
•	if I have not replied to a confirmed offer of a place for my child within 10 days of that offer being made, I will have forfeited my child's place on the enrolment list

• that a failure to provide all relevant medical and behavioural reports (as defined in Section 5.5(b) of the Enrolment and Participation policy) from the last 3 years may invalidate this application and may result in the loss of my child's place in the school prior to or after enrolment.