



**Application Form only accepted from
1st Dec 2023 to 9am 22nd Jan 2024 (inclusive)**

Appendix 1 - APPLICATION FORM – St Annes School (for 1st SEPTEMBER 2024)

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 needs that may require attention while at School? YES/NO

If YES. Please give details: _____

If you have answered YES to any of the above* please ATTACH up to date reports as outlined in Section 5.4 b) i-vi of the Enrolment and Participation Policy

If your child has mobility needs please let us know here:-

Not applicable – My child does not use a wheelchair

My child requires use of a wheelchair and/or other specialised equipment at all times or for most of their day.

My child is mobile but may sometimes require access to a wheelchair

I/we confirm that I/ we have read and agreed to the Terms outlined in St Anne's Participation & Enrolment Policy: (Box must be ticked to validate the application process)

Guardian 1 / Mother Signature and Date: _____

Guardian 2/ Father Signature and Date: _____

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)

I understand 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.

By signing the below I/ we confirm that I/ we have read, understand and agree to the above:-

Guardian 1 / Mother Signature and Date:

Guardian 2/ Father Signature and Date:

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