



ADMISSIONS FORM FOR ASD CLASS 2025

Please note: This Application for Admissions Form does not entitle your child to a place in St. Joseph's

REQUIRED:

- A full psychological assessment specifying Autism by a clinical/educational psychologist or psychiatrist, with a recommendation of placement in an ASD specific class.
- This report should be recent, within the last 24 months, and must include a diagnosis of autism which meets DSM-IV/V or ICD-10 criteria.
- A recommendation from the diagnosing professional that the pupil has complex or severe learning needs that require the support of a special class setting and the reasons why this is the case

Use BLOCK CAPITALS please.

Part 1

1. Child's name on birth certificate: _____ 2. Gender: _____

3. Date of birth: _____ 4. Mother's maiden name: _____

5. PPS Number: _____

Parent/guardian Information:

Mothers Name:

Address: _____

Mobile number: _____

Work number: _____

Nationality: _____

Language spoken at home: _____

Fathers Name:

Address: _____

Mobile number: _____

Work number: _____

Nationality: _____

6. Child's Residential Address (if different from above) / with whom does your child normally live:

Name: _____

Address: _____

7. Home phone number: _____ Mobile No for texts: _____

Email address (please print): _____

8. Emergency contact person: (NOT PARENTS / GUARDIANS)

Name: _____

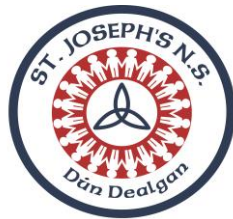
Phone No: _____

Relationship to child: _____

Name: _____

Phone No: _____

Relationship to child: _____



9: Please tick ✓ Yes or No

Child has been to pre – school Yes: No :

Child has been to previous school /transfer Yes: No :

Name of previous pre-school: _____ Phone No: _____

Name of previous school: _____ Phone No: _____

10. I am happy for above schools to discuss my child's needs with St. Joseph's: Yes: No:

Part 2

1. Medical Information (Use for health and safety reason):

• Has your child a medical condition: Yes: No :

• Has your child been referred to a specialist: Yes: No :

If yes, please specify: _____

Family Doctor Name: _____ **Contact no:** _____

2. Is your child on medication: Yes: No :

Does your child have difficulties with:

• Hearing Yes: No :

• Sight Yes: No :

• Speech Yes: No :

• Allergy Yes: No :

If yes, please specify: _____

3. Has your child ever had any form of a assessment: Yes: No :

• Full Psychological assessment specifying Autism: Yes: Date: _____

• Recommendation to be placed in ASD Unit Yes: Date: _____

• Diagnosis of autism which meets DSM-IV/V or ICD-10 criteria. Yes: Date: _____

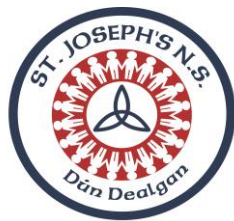
• Occupational Therapist Yes: Date: _____ No :

• Speech and Language Yes: Date: _____ No :

• Other Yes: Date: _____ No :

If yes – please supply copies of all reports with this application.

ST. JOSEPH'S N. S.
TOM BELLEW AVENUE
DUNDALK
CO. LOUTH
IRELAND
A91 D786



Nurturing excellence in education

Roll No.: 19673J
Phone: 042 9337170
Email: schooloffice@sjns.ie
Principal: Dr. Rosalyn Morris
Chairperson: John Farrell
Registered Charity: 20129132

The Department of Education and Skills has developed an individual database of primary school pupils known as POD, Primary Online Database.

Your child's first name, last name, gender, PPS number, date of birth, date enrolled, address, previous school category, if applicable are all entered on POD.

Your consent is required to allow us enter / transfer the information below to the Department of Education & Skills and any other primary schools your child may transfer to during the course of their time in primary school.

Category 1: Religion – _____ (Baptismal cert, if applicable)

Category 2: Ethnic / Cultural background: _____

I consent for the information in the two categories above to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in St Joseph's.

Signed: _____

Parent / Guardian

Date: _____

Please make school aware of any court order that effect's your child's welfare, (include copies if necessary), also name of any person into whose custody your child should not be given.

Part 3

Admission Application Form School Policies:

Consent is assumed for all St Joseph's school policies including:

- Child Safeguarding Statement
- Code of Behaviour
- Admission Policy
- Data Protection Policy
- St. Joseph's Acceptable Policy Form
- St. Joseph's Accident Form
- St. Joseph's Field Trip Form

I agree to support the BOM and staff in their implementation of all school policies. I agree to support the staff in their effort to provide a positive learning experience for all children in the school.

(If you wish to withdraw your consent to the above policies, please contact the Principal in writing).

Parent / Guardian's Signature _____

Parent / Guardians Signature _____

ST. JOSEPH'S N. S.
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Chairperson: John Farrell
Registered Charity: 20129132

Checklist

Office use only

- | | |
|--|----|
| 1. I submitted the application form: | 1. |
| 2. Birth certificate/ child's passport | 2. |
| 3. Baptismal cert (if applicable): | 3. |
| 4. Copy of utility bill: | 4. |
| 5. PPS No: | 5. |
| 6. Medical reports (if applicable) | 6. |
| 7. Assessment reports (if applicable) | 7. |
| 8. School reports (if applicable) | 8. |

Date submitted _____

Received by: _____