**St. Peter and Paul’s N.S, Drumconrath Roll No: 16143L Phone: 0416854178**

**AUTISM CLASS**

Application for Admission Form for September 20\_\_

Please complete parts 1, 2 and 3 before returning this form.

Forms should be emailed to the school at drumconrathns@yahoo.ie. or dropped into the school office.

Please label the subject of the email as “Application for Admission Form”

**Part 1**

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| Child’s name (as stated on birth certificate) |  |
| Gender | Male 🞐  Female 🞐 |
| Child’s date of birth |  |
| Child’s PPS Number |  |
| Home/Postal Address |  |
| Eircode |  |
| Email Address |  |
| Mother’s name    Contact number |  |
| Father’s name  Contact number |  |

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| Please state the name(s) of any older sibling(s) who are (i) currently enrolled in the school and/or (ii) are past pupils of the school |  |

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| Required Reports  Each child applying for a place in the Autism class, must have a diagnosis of Autism/ Autistic Spectrum Disorder using DSM V or ICD 10 criteria as set out by a professional/individual approved by the Department of Education and skills and a Multi-Disciplinary Assessment Report. This report must be current and must include a recommendation that a placement in a special class in a mainstream school is both necessary and suitable for the child. Please attach this report to this application. Please also attach all other relevant supporting documents – other reports from professionals, schools etc. |

**Part 2**

Please read the following carefully

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| Should my/our child be offered a place for September 2023 I/We hereby give permission for:  •My/our child to partake in any school outings outside the school grounds. Details of all outings will be forwarded to parents at least 24 hours in advance.  •Photographs to be taken of my son/daughter for in-school displays, for publication on the school website and for use in school social media.  .•Photographs of my son/daughter to be taken for publication in local and national newspapers/magazines.  • distribute photographs containing more than one child to individual children in the class. If at any time you wish to withdraw any of the above consents you must do so in writing to the School Principal.  I/We understand that it is a condition of admission that I/we accept the school’s Code of Behaviour policy ratified by the B.O.M. of St. Peter and Paul’s N.S, Drumconrath.  Please sign below  Mother of applicant:  Date:  Father of applicant:  Date:  Guardian of applicant (if applicable):  Date:  If this application form is being signed by one parent only. Please read and complete the following:  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that both parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are aware of and consent to this application process. |

**Part 3**

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| GDPR Compliance and Data Usage Consent  The information collected on this form will be held securely by St. Peter and Paul’s N.S. in line with our privacy policy, in manual and in electronic format. The information will be processed in accordance with the EU GDPR (General Data Protection Regulation) directive. The purpose of holding this information is for general administration, and to facilitate the school in meeting the students ’educational and pastoral needs. This information will be stored by the school for the period of time the student is proposed for enrolment. Should the student be enrolled, it will be further stored for the period of time that the student in enrolled at the school. It will be deleted when no longer required. Disclosure of any of this information to statutory bodies such as the Department of Education and Skills or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians if the school wishes to disclose this information to a third party for any other reason. Parents/Guardians of children enrolled at this school have a right to access the personal data held on them or their children by the school and to correct it if necessary.  I consent to the use of the information supplied as described.  Please sign below  Parent/Guardian:  Parent of:  Date: |