

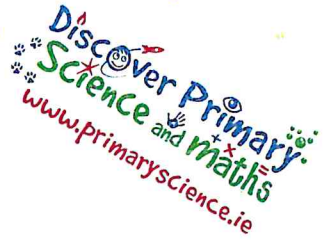


Scoil Mhuire Fatima

— T i g h M o c h u a —

Tel.: 057-8627051 • E-mail: smftimahoe1@eircom.net

Website: www.softwarecentral.ie/timahoens



Dear Parent / Guardian,

Please find enclosed the following application forms -

- School enrolment form
- NCSE enrolment form
- NCSE Transport form
- Primary Online Database form

To apply to enrol your child in the Early Intervention Pre-school Unit at Scoil Mhuire Fatima, these should be completed and returned to the school, ASAP, together with the following documents -

- A copy of his / her birth cert
- A copy of most recent professional reports

If you have any questions please feel free to contact me at 057 8627051.

Yours sincerely,

Ann Bergin

(Principal)



Early Intervention
Pre-School Unit
Scoil Mhuire Fatima,
Timahoe
Co. Laois
057 8627051
smftimahoe1@eircom.net

Application for Enrolment in Early Intervention Pre-School Unit

Name of Child: _____

Date of Birth: _____ (Name & Date same as Birth Cert) Gender (M/F)

Address: _____

Nationality: _____ Language spoken at home _____

Parents / Guardians / Family Details.

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Home Contact No. _____

Home Contact No. _____

Mobile Contact No. _____

Mobile Contact No. _____

Contact Name and number of person to contact if either of above cannot be contacted:

Name: _____ Number: _____

Child's PPS No: _____

Name and address of previous pre-school _____

Phone No: of previous pre-school _____

I give permission to Ann Bergin (Principal) to discuss the needs of my son/daughter with the manager of the pre-school

Yes _____ No: _____

Chairperson: John Delaney
Principal: Ann Bergin
Deputy Principal: Martina Mulhall



Early Intervention
Pre-School Unit
Scoil Mhuire Fatima,
Timahoe
Co. Laois
057 8627051
smftimahoe1@eircom.net

Other than an ASD diagnosis, does your child have any additional medical needs ?

Yes: _____ No: _____

If yes please specify:

Is your child currently attending an outside agency e.g. speech therapy, child psychology, occupational therapy, early intervention programme?

Yes: _____ No: _____

If yes, please specify and include a copy of relevant professional reports.

Family Doctor: _____ Phone No: _____

In the event of an accident, or your child becoming ill, where the school is unable to contact parents/guardians, do you give permission to the school to take your child to Doctor's Surgery in Stradbally?

Yes: _____ No: _____

I wish to enrol my child in the Early Intervention Pre-School Unit at Scoil Mhuire Fatima, Timahoe.

Signed: _____
(Parent/Guardian)

Date: _____

Chairperson: John Delaney
Principal: Ann Bergin
Deputy Principal: Martina Mulhall

12th September 2017.

Dear Parent/Guardian,

Please read, sign and return the following:

Frequently in our school photographs of the children are taken, e.g. events, awards/prizes, sporting events, first day at school etc.

Do you give permission for your child/children to be photographed for the following?

School Projects	Yes___	No___
Local Newspapers	Yes___	No___
School Calendar	Yes___	No___
School Website	Yes___	No___
School related activities e.g. sport, tours etc.	Yes___	No___
Laois Today Website	Yes___	No___
Other websites e.g. Intel, Laois Co. Co., Barnstorm Theatre etc. (which may include links to their Social Media platforms)	Yes___	No___

Childs Name: _____

Signed: _____

Date: _____

Notification to NCSE of Enrolment in Special School/Special Class

Note 1:

This form should be used to confirm enrolment of a student in a special school/special class. Please ensure that all sections of the form are completed in full prior to submitting to the SENO and that the relevant professional reports are attached.

A. STUDENT DETAILS

Name of student		Gender	M	F
Home Address		Eircode		
PPSN		Date of Birth		
Date enrolled in school		Category of assessed disability		

B. SCHOOL DETAILS

Name of School	Scoil Mhuire Fatima		
Address of School	Timahoe, Co. Laois	Eircode	
School roll number	18368W	Phone Number	057 8627051
Email address	smftimahoe1@eircom.net	Name of Principal	Ann Bergin
Designation of special school, as applicable			
Designation of special class, as applicable	Early Intervention		

C. DETAILS OF PROFESSIONAL REPORT(S)

Professional	Please tick ✓	Author of report	Date of Report
Psychologist			
Visiting Teacher			
Occupational Therapist			
Psychiatrist			
Speech and Language Therapist			
Other, please specify			

D. <u>PARENTAL/GUARDIAN CONSENT and DECLARATION BY PRINCIPAL</u>				
Note 2:				
<ol style="list-style-type: none"> 1. The school should consult with parent(s)/ guardian(s) prior to notifying the NCSE of this enrolment. 2. The NCSE is provided with this information to facilitate the allocation of additional resources to schools for students with special educational needs. 3. The NCSE is required to keep and maintain these records for the purposes of identifying persons accessing additional resources and planning the provision of special educational and support services. 4. The Declaration at end of this form must be signed by the Principal of the school. 				
<u>PARENTAL/GUARDIAN CONSENT</u>				
I/We, the undersigned, being the parent(s)/guardian(s) of the above named student confirm:				
<ul style="list-style-type: none"> • That this enrolment has been discussed with me. • That I am aware that all information relating to this notification of enrolment will be kept on file, and made available to the SENO/NCSE and may be used for planning and research purposes with a view to improving the delivery of special education services. • That placement in the school/class is subject to review. 				
Signed		Name		Date
Signed		Name		Date
<u>DECLARATION OF PRINCIPAL</u>				
I hereby confirm:				
<ul style="list-style-type: none"> • that this enrolment is supported by the Chairperson of the school's Board of Management. • that in making enrolment full consideration has been given to any support services already in the school. • that the staged approach to assessment as outlined in DES circular 02/05 has been followed, (where appropriate). 				
Signed		Date		

Application for School Transport for Children with Special Educational Needs for School Year 20_/20_



An Roinn Oideachais
agus Scileanna
Department of
Education and Skills



An Chomhairle Náisiúnta um Oideachas Speisialta
National Council for Special Education

This application for school transport should only be completed in circumstances where the child is not in a position to avail of a standard school transport service.
The NCSE is provided with this information to facilitate the allocation of school transport for children with special educational needs.
The professional report(s) required to support an application must be submitted with this form.
This application form will be forwarded by the SENO to School Transport Section, Department of Education and Skills (DES) for their decision on the provision of transport in accordance with the terms of the School Transport Scheme for Children with Special Educational Needs.

CHILD DETAILS

Name of child		Gender	Male	Female
Home address				
Eircode				
PPSN				
Date of Birth				
Disability Category				
School Setting	Special School	Special Class	Mainstream School	
Has this child a recommendation for a special school/class placement?	Yes		No	
Date child will commence in the School				
Year				

B. PARENTAL/GUARDIAN CONSENT

I/We, the undersigned, being the parent(s)/guardian(s) of the above named child, confirm that:
 My child cannot avail of a standard school transport service.
 I am aware that copies of this form and attached documents will be retained by the NCSE and the school.
 I consent to the information on this form and attached documents being shared with the DES.
 I consent to the relevant information on this form being shared with Bus Éireann.
 I am aware that, in the event of it being determined that a school nearer to my child's home is or can be resourced to meet my child's special educational needs, that my child will not be eligible for school transport under the terms of the School Transport Scheme for Children with Special Educational Needs.

Contact details for Parent(s)/Guardian(s)

Phone No(s)	
Email Address	
Parent/Guardian (Block Capitals)	
Parent/Guardian Signature	
Date	

C. SCHOOL DETAILS	
Name of School	
Address of School	
Eircode	
School Opening & Closing Times	
School Roll Number	
Phone Number	
Email address of School	
Name of Principal	

D. SCHOOL TRANSPORT REQUIREMENTS		
Please tick as appropriate ✓	YES	NO
The relevant professional reports were submitted and support this application		
The child's care and safety needs are such as to require the support of an escort. (If yes, please complete section F – application to assess the need for an Escort)		
Wheelchair access is required		
Please provide any information you may have which may assist in determining the transport arrangement required		
Signature of School Principal		
Date		

E. REPORT OF SPECIAL EDUCATIONAL NEEDS ORGANISER (SENO)		
Please tick ✓	YES	NO
(i) The required professional report(s) submitted meet the Department of Education and Skills criteria for attending the relevant setting		
(ii) This school is the nearest to the child's home that is, or can be, resourced to meet the child's educational needs under Department of Education and Skills criteria		
(iii) Based on the information provided in professional reports made available to me I can report that this child cannot avail of standard school transport		
Any further information, (if any), which is relevant to this application:		
SENO Name		
SENO AREA		
Date		

School Transport Application for Escort Support

1. This application for escort support should only be completed in circumstances where the child's care and safety needs while on school transport are such as to require the support of an escort.
2. Where available, the professional report(s) required to support this application must be submitted to the SENO.
3. This application form will be forwarded by the SENO to School Transport Section, Department of Education and Skills (DES) for their decision on the allocation of an escort.

Applications for Escort support will be considered under this scheme where the relevant professional reports set out that a child requires such support.

F.	<u>BASIS FOR NEED FOR ESCORT SUPPORT</u>					
Please tick the need for escort support	Physical	Hearing/Visual	Medical	Personal Care	Behavioural	Other

Do professional reports indicate the requirement for an Escort?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

<p>If you do not have professional reports indicating care needs as outlined above, please indicate why Escort support is required.</p>	
--	--

DECLARATION BY PRINCIPAL

I confirm, that the reports made available to me indicate that the child cannot avail of school transport without the support of an escort.

Signature	
Date	

DECLARATION BY SENO

I confirm, that the reports made available to me indicate that the child cannot avail of school transport without the support of an escort.

Signature	
Date	



Scoil Mhuire Fatima

— T i g h M o c h u a —

Tel.: 057-8627051 • E-mail: smjtimahoei@eircom.net

Website: www.softwarecentral.ie/timahoens



September 2015.

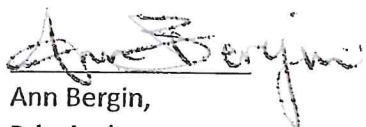
Dear Parent/Guardian,

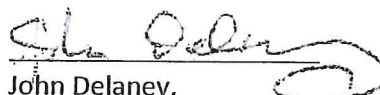
Please find attached information re: the new online database (POD) that each school is required to complete with information about the pupils on roll in the school in order to access school grants and teachers for the school year.

Please read carefully and complete the required details.

The answers re: religion and ethnic background are optional. Please tick the "no consent" box if you wish to avail of that option.

Yours sincerely,


Ann Bergin,
Principal


John Delaney,
Chairperson BoM.

Pupil Information required for
Department of Education and Skills
Primary Online Database

The Department of Education and Skills is developing an electronic database of primary school pupils called the Primary Online Database (POD) which will involve schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database will allow the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting.

The database will hold data on all primary school pupils including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning Support and if so the type of learning support, whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

In order to assist with the gathering of data please complete page one and two of this form in CAPITAL LETTERS and return to the school. This form will be retained by the primary school.

Teacher/Class Name _____

Current Class

Junior Infants Senior Infants First Class
Second Class Third Class Fourth Class
Fifth Class Sixth Class Special Class

Pupil Forename: _____

Pupil Surname: _____

Date of Birth: _____

Birth Cert Forename (if different from name above) _____

Birth Cert Surname (if different from name above) _____

Pupil Address _____

PPSN of Pupil _____

Mother's Maiden Name _____

County _____

Nationality _____

Gender Male Female

'Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes No

Pupil Information required for
Department of Education and Skills
Primary Online Database

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories are taken from the Census of Population)

- | | | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|-------------------------------|--------------------------|
| White Irish | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Any other Black Background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> | Other (inc. mixed background) | <input type="checkbox"/> |
| No consent | <input type="checkbox"/> | | | | |

What is your child's religion?

- | | | | | | |
|-----------------------------------|--------------------------|--------------------------------------|--------------------------|------------------|--------------------------|
| Roman Catholic | <input type="checkbox"/> | Church of Ireland (incl. Protestant) | <input type="checkbox"/> | Presbyterian | <input type="checkbox"/> |
| Methodist, Wesleyan | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Muslim (Islamic) | <input type="checkbox"/> |
| Orthodox (Greek, Coptic, Russian) | <input type="checkbox"/> | Apostolic or Pentecostal | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Jehovah's Witness | <input type="checkbox"/> | Lutheran | <input type="checkbox"/> |
| Atheist | <input type="checkbox"/> | Baptist | <input type="checkbox"/> | Agnostic | <input type="checkbox"/> |
| Other Religions | <input type="checkbox"/> | No Religion | <input type="checkbox"/> | No Consent | <input type="checkbox"/> |

I consent for this information 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 primary school.

Signed: _____

Parent/Guardian

Date: _____

Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills' website www.education.ie