



Scoil Náisiúnta San Nioclás  
(St. Nicholas Church of Ireland National School)  
Nicholas Street  
Co. Louth  
Dundalk  
A91 CR24

**Principal:** Susan Reyburn

**Telephone:** 042-9330860

**Deputy Principal:** Louise Gamble

**School Mobile No:** 086 0213018

**Assistant Principal:** Patricia Scanlon Marmion/Alison Johnston

**Roll Number:** 183470

**Acting Assistant Principal:** Jennifer Gillanders

**Email:** office@sannioclas.ie

**Registered Charity:** 20129026

**Website:** sannioclas.ie

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**Intention to Enrol for Academic Year** \_\_\_\_\_

**Enrolment Form for Mainstream & Special Class for Children with Autism**

Please fill in details below in **BLOCK CAPITALS**. Should your child/children be offered a place, you will be asked to fill in a Registration Form, with more details.

<b>Pupil's Name:</b>		
<b>Date of Birth:</b>		
<b>Address:</b>		
<b>Eircode:</b>		
<b>Name/s of brothers/sisters in this school:</b>		

<b>Please tick</b>	<b>Yes</b>	<b>No</b>
Have you attached a Birth Certificate for your child?		

I/we wish to enrol my/our child in St. Nicholas' National School
I/we have received and read a copy of St. Nicholas' National School Enrolment Policy
Signed: _____ Parent/Guardian Date: _____
Signed: _____ Parent/Guardian Date: _____
<b>Both parents/Guardians to sign</b>

**Which are you applying for?**

Mainstream Class Placement Yes  No

Special Class Placement Yes  No

**REGISTRATION FORM (2019- 2020)**

**Uimhir Rolla 183470**

<b>Please complete in BLOCK CAPITALS</b>		<b>CLASS:</b>
<b>Pupil's Name:</b>		<b>Name in Irish (Optional)</b>
<b>Date of Birth:</b>		<b>Male/Female:</b>
<b>PPS Number:</b>		<b>Country of Birth:</b>
<b>Address:</b>		<b>Nationality:</b>
		<b>If born outside the country, Year of arrival in Ireland:</b>
<b>Eircode:</b>		<b>Languages spoken in the home:</b>
<b>Parent/Guardian Details</b> <b>Mother's Surname:</b>		<b>Parent/Guardian Details</b>
<b>First Name:</b>		<b>First Name:</b>
<b>Last Name:</b>		<b>Last Name:</b>
<b>Relationship to child:</b>		<b>Relationship to child:</b>
<b>Phone No (Home):</b>		<b>Phone No (Home):</b>
<b>Phone No (Work):</b>		<b>Phone No (Work):</b>
<b>Phone No (Mobile):</b>		<b>Phone No (Mobile):</b>
<b>Email Address:</b>		<b>Email Address:</b>
<b>Names of brothers/sisters in this school:</b>		
<b>It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skill</b>		
<b>Please tick</b>	<b>Yes</b>	<b>No</b>
<b>Are there any orders or other arrangements in place governing access to or custody of your child?</b>		
<b>The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.</b>		
<b>Name of Previous School/Pre-school:</b>		
<b>Address:</b>	<b>Email:</b>	
<b>Telephone No:</b>		

**Relevant Medical Information:**

<b>Family Doctor:</b>	<b>Phone No:</b>
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Any medical concern/information of relevance (i.e.) reports, administration of medication etc.

Has your child had involvement with outside agencies that we should be aware of? (i.e.) HSE, (OT/Speech and Language)

**Does your child require additional help or support from our school/staff?**

If your child has attended a primary school before S.N. San Nioclás, which school have they come from and why have they moved?

## Consent Form

We would like your permission for the following in relation to your child

*Please tick the appropriate box and sign - Both parents/guardians please sign below*

<b>Please Tick</b>	<b>Yes</b>	<b>No</b>
<b>Activities Outside / After School</b> During the school year classes may undertake activities outside the school premises e.g. visiting the church, library, park. I consent that my child may do so.		
<b>D.T. (Digital Technology)</b> I give consent for my child to use the computers in the school in line with our Acceptable Use Policy.		
<b>School Website/Publications:</b> I give consent for the use of school related photographic images which include my son/daughter on the school website, school facebook page or in other school publications or displays. I understand the she/he will not be identified individually.		
<b>Dept of Education &amp; Skills</b> I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.		
<b>Medical Emergencies</b> I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
<b>School Policies</b> I have received and read a copy of S.N. San Nioclás Code of Behaviour and agree that my child and I will abide by it.		
I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.		
<b>Competitions</b> I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.		

## What is your Child's Religion: (Please tick one)

Roman Catholic  Church of Ireland (incl. Protestant)  Presbyterian

Christian  Methodist, Wesleyan  Jewish  Muslim (Islamic)  Orthodox (Greek, Coptic, Russian)

Apostolic or Pentecostal  Hindu  Buddhist  Jehovahs Witness  Lutheran  Atheist  Baptist

Agnostic  Other Religions  No Religion  No Consent

## Ethnic/Cultural Background: (Please tick one)

White Irish  Irish Traveller  Roma  Any other White Background

Black or Black Irish - Any other Black Background  Asian or Asian Irish - Chinese

Asian or Asian Irish - Any other Asian Background  Other (inc. Mixed Background)

No Consent

Does your child have recognised educational special needs (Please tick) Yes  No

If yes please give details:

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Junior Infants Only: Has your child attended Playschool (Please Tick) Yes  No

Length of Attendance: \_\_\_\_\_

I consent for the sensitive personal data in the questions above to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills, HSE/School Health Programme and any other primary schools my child may transfer to during the course of their time in primary school.

We expect Parents and children enrolled in this school to co-operate with and support the School/Board of Management's Code of Behaviour as well as all other policies on curriculum, organisation and management. These policies may be added to and revised from time to time.

If you are happy to comply and abide by the school policies and procedures, please sign and return to the school.

I/we wish to enrol my/our child in St. Nicholas' National School

I/we have received and read a copy of St. Nicholas' National School Code of Behaviour & Discipline Policy

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

Both Parents/Guardians to sign

## Special Autism Class – The Haven

Has your child been assessed for autism	Yes	No
If so, who conducted the assessment and when?		

Has your child received a diagnosis of autism?	Yes	No
Has your child any other diagnosis of a disability? Please specify		

Has your child a learning disability		Yes	No
If so, please specify. (If unsure please contact a member of the assessment team)			
Severe/Profound	Moderate	Mild	
With regard to future schooling, what is the recommendation of assessment team?			

How would you describe your child's general behaviour?		
Very challenging	Challenging	Not challenging

How would you describe your child's ability to communicate?		
Age appropriate	Delayed	Non-Verbal
Please give examples		

How would you describe your child's ability to interact with other?		
Very sociable	Sociable	Avoids interaction

Outline your child's development in the following areas. Please be specific		
Toilet training		
Dressing skills		
Eating		
Mobility		

**New eligibility criterion: -**

**Circular 0039/2025 updates the eligibility criteria for admission to all special classes by adding a new criterion. This new criterion will take effect from 2026/2027 onwards. The following must be included in support of an application for admission to our special class.**

**Professional report(s) outlining: -**

- **Diagnosis of Autism: DSM 1V/V or ICD 10/11 - this is a psychologist, psychiatrist, multidisciplinary report**
- **A demonstration of the understanding of complexity of the child's overall level of need/s evidenced in the professional reports educational placement type would be most appropriate to best meet the child's needs**
- **Given the severity or complexity of the child's support needs, a clear professional recommendation and rationale as to what educational placement type would be most appropriate to best meet the child's needs**
- **A letter from the NCSE confirming that the child is known to them and that the child has the required diagnosis and recommendation for a special class for autism**

Your child's placement in an ASD class will be reviewed at the end of each school year. In consultation with the multi -disciplinary team the school will advise you on the future schooling needs of your child.

Signature of Parent(s)\_\_\_\_\_