

S. N. Foghlaim Le Chéile Atha Fhirdhia
S.

Ardee Educate Together N.S.

Bóthar Dún Dealgan
Átha Fhirdhia
Contae Lú



Dundalk Road
Ardee
Co Louth

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Tel/Fax: 041 6853774

Website: <http://homepage.eircom.net/~ardeeetns>

Enrolment / Admission Acceptance Form

All sections to be completed

Details of Child:

Surname: _____ Gender: Male _____ Female: _____

First Name/s: _____

Date of Birth: _____ P.P.S. No: _____

Date of entry: _____ Class: _____ School Reg. No: _____

Childs position in family: _____ Nationality: _____

Parent/Guardian: Parent / Guardian 1

Parent / Guardian 2

Name: _____

Address: _____

Post Code: _____

Telephone No/s:

Home: _____ E-mail _____

Work: _____

Mobile: _____

Emergency Contact:

Name: _____ Telephone No/s: _____ (H)

_____ (W) _____ (M)

Educational Background:

Junior Infant Enrolment:

Has child attended a pre-school? _____ For how long? _____

Name of pre-school: _____

Do you have any reason to believe your child has special needs? _____

Has your child ever had a psychological assessment? _____

All other classes / School Transfers:

Previous school attended: _____

Address: _____

Telephone No: _____

Enrolment dates in previous school: From _____

Until _____

Present class: _____

Reason for transferring child:

Has your child ever:

repeated a class? _____

received learning support? _____

received resource hours? _____

attended for psychological assessment? _____

If so, where is the psychological report located? _____

Special Autism Class - Sonas

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 others?

Very sociable Sociable Avoids interaction

Outline your child's development in the following areas. Please be specific

Toilet training _____

Dressing skills _____

Eating _____

Mobility _____

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. Please note that a placement in an Early Intervention Class does not entitle the child to a placement in either the special class or mainstream school.

Signature of Parent(s) _____

Medical Background:

Family Doctor: _____

Address: _____

Telephone No.: _____

Details of any medical conditions / allergies: (e.g. peanut, asthma, epilepsy, diabetes etc.)

Action to be taken in an emergency: _____

Do you consent to your child receiving medical attention from a doctor in the event that a parent / guardian cannot be contacted in an emergency?

Any religious or ethical details you wish to inform the school of: (optional)

Do you agree to your child being photographed / Videoed by Board of Management approved personnel during school activities?

(Please tick relevant box)

In scrapbooks Yes No On display boards Yes No

In newspaper

Articles/flyers Yes No On school website Yes No

Date of Admission: _____

I agree that my child will take part in the Stay Safe programme (Child Protection)
Staysafe.ie.

Notes:

A copy of your child's birth certificate must accompany this form. Please do not send the original, a copy only is required.

Please enclose 2 colour passport sized recent photographs of your child with the child's name printed clearly on the back.

Declaration by Parent / Guardian:

I declare that the information given in this form is correct. I am aware that it is my responsibility to inform the school of any change in this information.

I agree that my child will abide by the Code of Behaviour and school policies as approved by the Board of Management of Ardee Educate Together National School.

Signed: _____ Parent /Guardian

Date: _____

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Dear Parents,

Welcome to Junior Infants. We are trying to get to know your child and looking forward to working with you over the next year to support your child's education. In order to get a "jump start" in developing a relationship with your child you can help us by filling out the following information and returning it to us as soon as possible. Knowing what activities and interests your child has helps us to develop curriculum that is exciting and meaningful for your child. Knowing areas you perceive as more difficult for your child helps us to stretch and encourage your child in new areas or places s/he might be tempted to avoid. Thank you for your help. Parents are the most important people in a child's life, and we need to work together for the benefit of your child. With home and school working together we know that each and every student can have the most successful year yet.

Child's Name: _____

Areas I see as strengths for my child: (academic or social):

Areas I see as more difficult for my child: (academic or social):

What I hope my child will learn this year:

My child's interests are: (include favourite magazines, toys, activities, outings, play acting, math, art, computer time, sports, etc.)

Things my child perceives as especially rewarding (e.g., special privileges, leadership roles, special foods, stickers, baseball cards, movies etc.).

Things about my child that is special: (include pets, siblings, clubs, grandparents or other people involved closely with your child).

Parent's Signature: _____ Date: _____.

LOOKING FORWARD TO A GREAT YEAR!