

Scoil Bhríde Cailíní

Church Ave., Blanchardstown, Dublin 15,
D15 R271.

Tel: (01) 8201717

Email: office@scoilbhridecailini.ie

Website: www.scoilbhridecailini.ie

Roll Number 18047C

Registered Charity Number 20119003



Principal: Maeve Kilroy

Deputy Principal: Anne Mc Keon

Checklist for Completion of Application Form for Admission to the Autism Special Classes in Scoil Bhríde Cailíní

1. Only fully completed application forms with all accompanying documentation will be accepted.
2. Incomplete application forms or forms without all accompanying documentation will be returned to you.
3. All applications will be date stamped upon receipt, only if they are fully complete and if all accompanying documentation is provided.
4. Ensure you have submitted your application, fully completed, within the timeframe for application, listed in the Admissions Notice on our school's website; www.scoilbhridecailini.ie. Otherwise, your application will be deemed late.
5. Please complete with a ballpoint pen and use block capitals. Ensure your email addresses are legible.
6. Have you addressed the following?

Have you completed every part of the application form, in particular all the consent boxes?

☐

Have you provided the following documents?

☐

- ORIGINAL birth certificate.

(The school will make a copy of the document(s) submitted and will return all the originals

- Included photocopy of baptismal certificate if Catholic – This is required for sacramental preparation.

Have you included the following?

In line with Circular 0039/2025, the girl must have the following with their application for admission to the special classes in Scoil Bhríde (Cailíní):

A Professional report(s)

- Diagnosis of Autism: DSM IV/V or ICD 10/11 (psychologist, psychiatrist, multidisciplinary report)
AND
- A demonstration of the understanding of complexity of the girl's overall level of need/s evidenced in the professional reports
AND
- Given the severity or complexity of the girl's support needs, a clear professional recommendation as to what educational placement type would be most appropriate to best meet the girl's needs, along with the rationale for same

AND

A letter from the NCSE confirming that the girl is known to them and that the child has the required diagnosis and recommendation for a special class for autism.

Have you included two different documents dated within the last 6 months from the list below?

☐

- Current utility bill (such as a gas, electricity or telephone or mobile phone bill) confirming your name and address.
- Current car or home insurance policy that shows your name and address.
- Document issued by a government department that shows your name and address.
- Social insurance document that shows your name and address.

Scoil Bhríde Cailíní
Roll Number: 18047C

Application Form for Admission to Special (Autism) Classes Scoil Bhríde (Cailíní)
--

Please note, that in accordance with the Admission Policy of Scoil Bhríde (Cailíní), only girls whose fourth birthday occurs on / before May 31st can be accommodated.

1. Child's Details

Birth Cert Forename: _____ Birth Cert Surname: _____

Date of Birth: _____

Address: _____

Eircode: _____ Home Tel: _____

Resident of St. Brigid's Parish, Blanchardstown YES ☐ NO ☐

Previous school/s / preschools: _____ Class/Teacher: _____

2. Siblings currently in Scoil Bhríde (Cailíní) or Scoil Bhríde (Buachaillí) or sisters who are past pupils of Scoil Bhríde Cailíní YES ☐ NO ☐

Name of Sibling in Scoil Bhríde (Cailíní) _____ Age: _____

Name of Sibling in Scoil Bhríde (Buachaillí) _____ Age: _____

Name of Sister who is a past pupil of Scoil Bhríde (Cailíní) _____

3. Daughter of permanent or CID staff member of Scoil Bhríde (Cailíní) or Scoil Bhríde (Buachaillí)

YES ☐ No ☐

Name of parent: _____

4. Parent/ Guardian Information

Parent 1: Name: _____ Mobile: _____ Country of Origin: _____

Work Tel: _____

Email Contact for School Communication: _____ (in clear print)

Parent 2: Name: _____ Mobile: _____ Country of Origin: _____

Work Tel: _____

Email Contact for School Communication: _____ (in clear print)

Reason for school transfer: _____

By applying to enrol your daughter in and/or by attending Scoil Bhríde (Cailíní) you acknowledge and agree to the collection and processing of personal information by the school in accordance with all data processing regulations.

5. Additional Information for Primary Online Database (POD)

Child's Nationality: _____ PPSN: _____ Mother's Maiden Surname: _____

- Is one of the child's mother tongues (language spoken at home) English or Irish? Yes ☐ No ☐

Consent to transfer to POD Yes ☐ No ☐

- Child's Religion: _____

Consent to transfer to POD Yes ☐ No ☐

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

(Categories taken from Census of Population)

White Irish ☐ Any other White background ☐ Irish Traveller ☐ Roma ☐ Black or Black Irish – African ☐

Black or Black Irish– Any other Black background ☐ Asian or Asian Irish – Chinese ☐ Other (incl. mixed background) ☐

Asian or Asian Irish – Any other Asian background ☐

Consent to transfer to POD Yes ☐ No ☐

I/ We consent that information relating to my/our daughter will be made available to school staff on a need-to-know basis.
I/We also consent that the school may transfer this information to another school when my/our daughter is moving school or to other relevant agencies; Department of Education & Skills, including its Primary Online Database, Tusla – Child & Family Agency, Health Services Executive, and National Council for Special Education.

By signing below, you are agreeing to abide by all school policies, including our Code of Behaviour and agreeing to make every reasonable effort that your child will comply with the Code. (Code of Behaviour is available on the school website.)

Signatures of Parent/Guardian 1: _____ Date: _____

Signature of Parent /Guardian 2: _____ Date: _____

6. Additional Emergency Contacts:

Name: _____ Address: _____ Contact Number: _____ Relation to child: _____

1. _____

2. _____

7. Important Medical Information:

Family Doctor: _____

Address: _____ Tel: _____

Medical Condition Yes ☐ No ☐

Details: _____

Medication Yes ☐ No ☐

If child requires medication / medical assistance to be administered during the school day, permission must be sought from the Board of Management and an indemnity form signed. Staff must receive written instruction from you/ your GP about the administration of any medication / medical assistance before your child starts school.

8. Any other information

Give details and specify any condition/information not listed above which might be considered to affect your child's ability to benefit fully from school.

9. Consent to contact Previous School (s)/Other organisations

I/We consent to this school contacting any previous education/medical/specialist provider in order to access necessary information about my child

Signatures of Parents/Guardians:

Date:

10.

11. SPHE

It is mandatory to teach the subject SPHE (Social, Personal & Health Education) in all Primary Schools, encompassing, Relationships and Sexuality Education (RSE), the Stay Safe Programme (personal safety skills), and the Walk Tall programme (substance misuse prevention). It is advised that all children participate in this curricular subject, with parental support. Please contact the school should you have any concerns.

12. Data Privacy Statement

The information provided on this form will be used by Scoil Bhríde Cailíní to apply the selection criteria for enrolment in Junior Infants, and to allocate school places in accordance with the School's Admission Policy and the School's Annual Admission Notice.

Where a pupil is admitted to the school, the information will be retained on the pupil's file.

On acceptance of an offer of admission, this information will be entered in the School Administration System, Aladdin and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

In the event of oversubscription, a waiting list of students whose applications for admission to Scoil Bhríde Cailíní were unsuccessful due to the school being oversubscribed will be compiled, and will remain valid for the school year in which admission is being sought (See Section 13 School Admission Policy).

Where a child's name is placed on a waiting list, and the child is not admitted to the school, the information provided on this form will be retained for the duration of the school year and will be securely destroyed thereafter.

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students. The information which may be provided to a patron or another Board of Management for this purpose may include all or any of the following:

- (i) the date on which an application for admission was received by the school.
- (ii) the date on which an offer of admission was made by the school.
- (iii) the date on which an offer of admission was accepted by an applicant.
- (iv) a student's personal details including his or her name, address, date of birth and personal public service number (within the meaning of section 262 of the Social Welfare Consolidation Act 2005).

Parental Consents for Duration of Child's Attendance at Scoil Bhríde (Cailíní)

1. I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness / accident.
Yes ☐ No ☐
2. I consent to my child attending learning support if such is deemed necessary by the school.
Yes ☐ No ☐
3. I consent to the school administering diagnostic tests to my daughter, if necessary, to support the areas of literacy and numeracy.
Yes ☐ No ☐
4. I understand that if my child is assessed by a psychologist or medical professional, the school Principal / Special Needs Co-ordinator may share / discuss this report with relevant teachers and agencies.
Yes ☐ No ☐
5. I give permission for my child to participate in activities within walking distance of the school to support the school curriculum. (Consent for trips requiring transport will be sought separately).
Yes ☐ No ☐
6. I consent to my daughter's photograph being taken and stored on the school's Aladdin data system.
Yes ☐ No ☐
7. I consent to my child being photographed / videoed by the school staff while participating in school activities (concerts, choir, games, class activities etc.) on a no name basis.
Yes ☐ No ☐
8. I give permission for my daughter's photo/ video clip/ work to be included on the website on a no name basis.
Yes ☐ No ☐
9. I agree to ensure that my child abides by the school's Acceptable Use Policy and I grant permission for my daughter or the child in my care to access the internet. I understand that internet access is intended for educational purposes only. I also understand that every reasonable precaution has been taken by the school to provide for online safety, but the school cannot be held responsible if pupils access inappropriate websites. I understand the age restrictions associated with the social media platforms and websites.
Yes ☐ No ☐
10. Does any legal order under family law exist in relation to your daughter? If yes, a copy of the court order is required for the school. Please make an appointment also to discuss this with the Principal.
Yes ☐ No ☐

Declaration by the Parents/Guardians:

I/We declare that we have provided all the relevant information to the school in this application, which will be required for my/ our child to benefit fully from her education.

Parent/Guardian's Signature:	Parent/Guardian's Signature:
Date:	Date:

For Office Use Only

Date Application Received: _____

Birth Cert. received ☐ Baptismal Cert received ☐ Proof of Address received ☐