APPLICATION FORM

Enable Ireland Sandymount School
Sandymount Avenue, Dublin D04 XH22
sandymountschool.office@enableireland.ie

Note: completion of this form does not guarantee a place in the school.

Pupil details	
Forename:	Surname:
Birth cert name (if different to above):	
Address:	Eircode:
Gender: Male ☐ Female ☐	Nationality:
PPS Number:	Date of Birth:
Primary medical diagnosis	
Primary language spoken at home:	Religion:

Parent / Guardian details	
Mother / Guardian 1	
Forename:	Surname:
Occupation:	Maiden name:
Nationality:	Language spoken:
Address (if different to child's):	
Mobile:	Home:
Email:	
Father / Guardian 2	
Forename:	Surname:
Occupation:	
Nationality:	Language spoken:
Address (if different to child's):	
Mobile:	Home:
Email:	

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Educational history

Where was your child's previous enrolment?

At home ☐	Mainstream school in Ireland ☐
Early services ☐	Special school overseas ☐
Pre-school ☐	Mainstream school overseas ☐
Special school in Ireland ☐	Other ☐

Name of previous school:

School address:

School phone no:

Dates in previous school:

Reports submitted from previous school Yes ☐ No ☐

Supports from other agencies

Has your child been referred to or attended a service / agency for any of the following?			If yes, please give details (name of agency, how long attended etc)
Speech & language therapist	Yes ☐	No ☐	
Psychologist	Yes ☐	No ☐	
Occupational therapist	Yes ☐	No ☐	
Early intervention team	Yes ☐	No ☐	
Other specialist	Yes ☐	No ☐	

(please include a copy of any reports from the above)

Medical information:

Child's medical diagnosis:

Please provide details if your child has difficulties in the following areas:

Physical / mobility:

Communication / speech:

Toileting needs:

Feeding:

Sight / vision:

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Hearing:
Respiratory:
Behaviour:
Allergies:
Please provide details of specialised equipment your child requires (eg specialised seating, hoist, stander, walker, assistive technology):
Doctor's name & telephone number:
Surgery address:
Other information:

Applicant checklist	
Completed all sections of this form	Yes ☐ No ☐
Proof of address (eg recent bill, statement)	Yes ☐ No ☐
Original birth certificate (this will be returned to you)	Yes ☐ No ☐
Confirmation from consultant paediatrician that your child presents with a primary physical disability	Yes ☐ No ☐
Professional report available: Medical report Speech & language report Occupational therapy report Physiotherapy report Early intervention team report Psychological report Other (please specify)	 Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐

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Official use only:	
Date received:	
Completed application form	Yes ☐ No ☐
Proof of address	Yes ☐ No ☐
Within catchment area	Yes ☐ No ☐
Original birth certificate	Yes ☐ No ☐
Recent psychological report	Yes ☐ No ☐
Relevant reports included	Yes ☐ No ☐
Valid application	Yes ☐ No ☐
Principal's signature	
Date	