

Ballyheada N.S  
Ballinhassig  
Co. Cork

Roll No. 15550T  
Phone 021-4885066  
Email: Admin@ballyheadans.ie



**BALLYHEADA NATIONAL SCHOOL**  
Special Class Enrolment Application Form  
September 2023

Please complete each section. Kindly forward copies of all relevant reports to our Administration Office immediately. Once we receive these, we will process your application. This form and associated documents can be returned by post to:

Ballyheada NS, Skehanagh,  
Ballinhassig, Co. Cork. T12KT99  
or as an attachment by email to  
[admin@ballyheadans.ie](mailto:admin@ballyheadans.ie)

Closing dates for the receipt of admission forms will apply in line with our admissions policy. Please email/phone us if you have any queries. Telephone: 021 4885066 or email [admin@ballyheadans.ie](mailto:admin@ballyheadans.ie)

**Please complete this Special Class Application form and also our mainstream application form and return it as soon as possible with copies of the following reports:**

- An up-to-date psychological assessment, ie: an assessment which has been carried out within the previous 12 months, which clearly specifies that your child meets the DSM IV criteria for diagnosis with ASD.
- A statement of your child's cognitive functioning as well as current behaviour analysis
- An up to date Speech and Language Assessment
- An up to date Occupational Assessment
- Sight and / or hearing tests results if available

Year of enrolment	
Birth Certificate	
Baptismal Certificate	
Date Received	
S&L Report	
OT Report	
Psychological Report	
All permissions given	

**Child's Information**

Name in full: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Child's PPS Number: \_\_\_\_\_

Nationality of Child: \_\_\_\_\_

Address of Child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Eircode: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_

Chosen Number for school text: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Do you have other children currently attending Ballyheada NS? \_\_\_\_\_

Please give names and classes (or write N/A not applicable): \_\_\_\_\_

Have you or your parents attend Ballyheada NS in the past? \_\_\_\_\_

**Parent/Guardian Details:**

Details	Parent / Legal Guardian 1	Parent / Legal Guardian 2
Name		
Nationality		
Spoken Language/s		
Address		
Eircode		
Contact Numbers		
Email Address		

**Emergency Contacts**

Please provide additional contacts that we may use if it is not possible to contact the parent or guardian:

Name	Contact Numbers	Relationship to child
1.		
2.		
3.		

**Pre-school Details**

Name / Contact details of Pre school attended

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**Transferring from another Primary School**

Only fill in this information if your child was previously enrolled in another Primary School:

Name of School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Classes Completed: \_\_\_\_\_

Do you consent to Ballyheada National School contacting the above named school/teacher in relation to your child?

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**Additional Information**

This additional information will help the school to understand your child's individual circumstances, obtain additional supports, and will be held in the strictest of confidence.

Has your child received a diagnosis of autism?

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Does your child have a multi-disciplinary report or a psychological assessment report? (A multi-disciplinary team may consist of a clinical psychologist, occupational therapist, speech & language therapist, social worker or a physiotherapist).

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Has your child a recommendation for placement in a special class for children with autism, attached to a mainstream school?

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Is your child on any long-term medication? \_\_\_\_\_

Does your child have any other condition/illness/special needs which you feel could affect your child during the school day and should be brought to the attention of the class teacher?

If yes, please give details:

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Has your child a learning disability? \_\_\_\_\_

If yes, please specify:  
(consult assessment team if unsure)

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With regard to future schooling, what is the recommendation of the assessment team?

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**Mobility**

Does your child have any needs with regard to mobility? \_\_\_\_\_

If yes, please give details:

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**Self Help Skills**

To help us get a clearer picture of your child's needs so that we can plan for his/her entry to school, the following information is required:

Has your child any special dietary requirements/food allergies/food intolerances?

If yes, please give details:

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Does your child have any sensory issues around feeding?

If yes, please give details:

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Can your child feed him/herself unaided? \_\_\_\_\_

What treats does your child really enjoy? Crisps, popcorn, jellies, drinks etc

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Is your child toilet trained? \_\_\_\_\_

How would you describe your child's ability to communicate?

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Age appropriate, delayed, non verbal, e.g. gesture, pictures, single words, sentences, other? Please outline:

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