

EXPRESSION OF INTEREST form for St. Ultan's Autism Classes

Expression of Interest for: September 2024

This is an expression of interest form and does not constitute an offer of a place, implied or otherwise.

CLOSING DATE 3PM WEDNESDAY 14th FEBRUARY

Enrolment will be done in accordance with our admissions policy. There is no waiting list

The Department of Education and Skills is developing an electronic database of primary school pupils called the Primary Online Database (POD) which will involve schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database will allow the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning Support and if so the type of learning support, whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. The data required for POD is marked with an **asterisk*** and will only be entered on POD if your child enrolls in the school. All other information requested is required for the efficient running of the school.

**Please complete this form in CAPITAL LETTERS and return to the school.
This form will be retained by the school.**

General Information on Child																						
First Name:	Surname:																					
PPS Number:	Date of Birth:	Gender:																				
Child's Name on Birth Cert:	Age:																					
Child's Home Address:																						
Eircode: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
Nationality:	Language Spoken at home:																					
Childs Religion:	Place of Baptism (if applicable):																					

Recommendation for Autism Class Placement	
I confirm that my child has a primary diagnosis of Autism.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I confirm that my child has a psychological report with a recommendation for placement in an Autism class within a mainstream school.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have attached a copy of my child's assessment report	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please write the date the report was completed:	

The following information is required for the efficient running of the school and will not be uploaded to POD. All information is provided in strict confidence and will not be shared without your permission.

General Information on Parent/Guardian/Family	
Parent/Guardian:	Parent/Guardian:
Name:	Name:
Address (If different from child's):	Address (If different from child's):
Email Address:	Email Address:
Mobile No:	Mobile No:
Occupation:	Occupation:
Nationality:	Nationality:

Child's Legal Guardians: Both parents Mother Father Other _____

Child lives with (tick): Both Parents Mother Father Other _____

Please inform the Principal, in strictest confidence, of any particular family circumstances or arrangements applying to your child.

Number of children in the family:	Child's place in the family (e.g. 1 st , 2 nd 3 rd)
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Does your child have brothers/sisters in St. Ultans (School, Nursery, Early Ed)? Yes No

If yes give details:

Name:	Class:	Name:	Class:
Name:	Class:	Name:	Class:

Pre-School Information	
Name & Address of Pre-School:	Phone No.:
	No of Years attended:
I give permission for St. Ultans to contact my child's pre-school to discuss their progress: Yes <input type="checkbox"/> No <input type="checkbox"/>	



Health, Education & Learning

Has your child attended Speech and Language Therapy? Yes No

Please enclose a copy of any assessment reports.

Has your child attended Occupational Therapy? Yes No

Please enclose a copy of any assessment reports.

Do you have any concerns about your child's language? Yes No

Please give details:

Do you have any concerns about your child's behaviour? Yes No

Please give details:

Do you have any concerns about your child's toileting? Yes No

Please give details:

Does your child have difficulties in any of the following areas?

Hearing Vision Mobility Details:

Does your child have any **additional** diagnosis which might require additional support? Yes No

Please give details (i.e. Mild or Moderate Learning Difficulty,, Sensory Processing Disorder, ADHD, Motor Difficulties etc)

Does your child have any **Chronic Medical Conditions**?

Diabetes Epilepsy Asthma Anaphalaxis i.e. severe allergies Other

Please give details:

Please let us know if your child is on any prescribed medication.

Please give details

Inhaler Epi-Pen Insulin Antihistamines Other _____

To be completed only if your child is transferring from another Primary School

Primary School Transfer		
Name of Previous School:		
Address:	Principal Name:	Phone Number:
	Current Class:	Teacher Name:
Please enclose a copy of your child's most recent school report.		
Is your child receiving Learning Support/Special Education Teaching		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have access to SNA support		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note: The Principal or Deputy Principal, on behalf of the Board of Management, will contact the Principal of the school from which the child is transferring to discuss the pupil's behaviour and academic progress. All information will be treated in the strictest of confidence.

Declaration:	
I hereby express my interest in applying for a place in a class for children with Autism in St. Ultans Primary School for my child named above.	
I declare that the information provided on this form is correct.	
I understand that all information provided is treated confidentially and in accordance with school data protection guidelines.	
Parent/Guardian's Signature:	Parent/Guardian's Signature:
Date:	Date:

The following items **must** accompany your expression of interest form

1. **One** of the following: *(these must be dated within 2 months of Closing Date):*

(a) Electricity Bill (b) Gas Bill (c) Telephone Bill (d) TV/Broadband Bill

2. A copy of the child's assessment report and professional recommendations

Forms may be posted to St. Ultans P.S. (address above), emailed to office@stultans.ie, or handed in person at the school reception between 9am and 12noon until the closing date advertised in the Admissions Notice.

All forms will be dated, and recorded.

Incomplete/late applications may not be considered for placement.

***COMPLETION OF THIS FORM IS NOT A GUARANTEE OF A PLACE**

Data Privacy Statement

The information provided on this form will be used by St. Ultan's to apply the selection criteria for enrolment in our Autism Classes, 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 St. Ultan's 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.

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).