



Our Lady of Lourdes National School

Goldenbridge, Inchicore, Dublin 8

Roll No 07546J

Phone – 01 454 1265

Email – ololns.ias@gmail.com

Website – www.ourladyoflourdesns.ie

EXPRESSION OF INTEREST FORM – AUTISM CLASS

FOR SCHOOL YEAR

Please note this form is for expression of interest only. The information provided will be used to allocate places in accordance with the School's Admission Policy.

Please complete all sections and attach necessary documents or the form will be returned to you.

PUPIL <u>BIRTH CERTIFICATE</u> NAME:	
Name pupil is known as, if this is different:	
DATE OF BIRTH:	<u>PPS NUMBER : THIS MUST BE INCLUDED****</u>
NATIONALITY:	
<u>ETHNICITY – PLEASE CIRCLE ONE:</u> <ul style="list-style-type: none"> - White Irish - Irish Traveller - Roma - Any Other White Background - Black or Black Irish/African - Black of Black Irish - Any Other Background - Asian or Asian/Irish Chinese - Asian or Asian/Irish - Any Other Background - Other _____ - No consent 	<u>RELIGION – PLEASE CIRCLE ONE:</u> <ul style="list-style-type: none"> - Agnostic - Apostolic or Pentecostal - Baptist - Church of Ireland - Hindu - Jewish - Methodist, Wesleyan - Muslim - Orthodox Greek - Orthodox other - Roman Catholic - Other _____ - No consent - Atheist - Buddhist - Evangelical - Jehovah Witness - Lutheran - No religion - Orthodox Russian - Protestant
PUPIL'S ADDRESS:	
EIRCODE: <u>THIS MUST BE INCLUDED****</u>	

Do you have an eligibility letter from NCSE?

If not, then you must obtain this before submitting this form to us. Please visit <https://ncse.ie/notify-ncse-special-class-special-school> for information or email parentsnotify@ncse.ie.

GUARDIAN 1 –

RELATIONSHIP TO CHILD -

NAME:

ADDRESS:

PHONE:

EMAIL:

GUARDIAN 2 –

RELATIONSHIP TO CHILD –

NAME:

ADDRESS:

PHONE:

EMAIL:

MOTHER'S MAIDEN NAME:

DOES YOUR CHILD HAVE A BROTHER OR SISTER IN THE SCHOOL ALREADY?

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS OR IS ON ANY MEDICATION?

ANY OTHER RELEVANT INFORMATION THAT YOU WOULD LIKE US TO KNOW:

IS ENGLISH ONE OF THE LANGUAGES SPOKEN AT HOME?

OTHER LANGUAGES SPOKEN AT HOME;

PREVIOUS PRE SCHOOLS OR SCHOOLS ATTENDED;

EMERGENCY CONTACT 1 (**NOT Mum or Dad**)

NAME:

PHONE:

EMERGENCY CONTACT 2 (**NOT Mum or Dad**)

NAME

PHONE:

CLASS APPLIED FOR:	START DATE APPLIED FOR:
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- ☐ I agree with the school's Enrolment Policy, Code of Behaviour Policy, Suspension and Expulsion Policy, Uniform Policy and Healthy Eating Policy.
- ☐ I consent to Our Lady of Lourdes National School sharing this information with the Department of Education and the Primary Online Database.
- ☐ I have included a copy of my child's birth certificate.
- ☐ I have included an electricity bill or a gas bill or a water bill in a name of one of the parents as proof of address. (Please note it cannot be in a grandparent's name.)
- ☐ I confirm all the information on this form is true and accurate.
- ☐ I have attached my child's eligibility letter from NCSE.

SIGNED _____

PRINT NAME _____

DATE _____

FOR SCHOOL USE ONLY –

DATE APPLICATION RECEIVED –

TIME APPLICATION RECEIVED –

BIRTH CERTIFICATE ENCLOSED –

UTILITY BILL ENCLOSED -

STAFF MEMBER'S SIGNATURE -