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## ENROLMENT APPLICATION FORM 2017/2018

PLEASE COMPLETE IN BLOCK CAPITALS

### Section A: Family Details

#### 1. Student Details

|  |  |  |  |
|--|--|--|--|
| Last Name  |  | First Name(s)                                  |  |
| Male/ Female   |  | Date of Birth                                  |  |
| Country of Birth   |  | Student PPS Number                             |  |
| Home Address   |  | *Most Recent School Attended & Contact details |  |
| Current Class in Primary School (if applicable)                                |  | *Other Schools Attended (if applicable)        |  |
| If applying for a first year place in mainstream, please tick here             |  |  |  |
| If applying for a place other than first year in mainstream, please tick here  |  |  |  |
| If applying for a place in An Cosán, please tick here and refer to Section B.3 |  |  |  |

***\*We may contact the School in connection with your son's/daughter's enrolment***

## 2. Parent/Guardian Details

|  | Parent/Guardian        | Parent/Guardian        |
|--|------------------------|------------------------|
| First name   |                        |                        |
| Surname  |                        |                        |
| Birth Surname<br>(if different to above)   |                        |                        |
| Home Address   |                        |                        |
| Contact Number(s)  | Home Phone:<br>Mobile: | Home Phone:<br>Mobile: |
| Email Address  |                        |                        |
| Relationship to Student  |                        |                        |
| Indicate if parent/guardian holds a full medical card                              |                        |                        |
| Indicate if parent/guardian holds a G.P. medical card                              |                        |                        |
| Indicate which parent/guardian should be contacted in relation to student progress |                        |                        |
| Indicate which parent/guardian should be contacted for any Text Alert              |                        |                        |

## 3. Emergency Contact Details

|                         | Contact 1 | Contact 2 |
|-------------------------|-----------|-----------|
| Name                    |           |           |
| Contact Number(s)       |           |           |
| Relationship to Student |           |           |

#### 4. Access to/Custody of Student

a) Are there any orders or other arrangements in place governing access to or custody of the student? (Tick (✓) the relevant box)

Yes  No

b) If the answer to (a) above is 'Yes' please provide details below

#### 5. Ethnicity & Cultural Background

The Department of Education and Skills is seeking the following information on the nationality, language spoken at home and ethnic/cultural background of students offered a place in a post-primary school in the coming year:

a) What is the student's nationality: \_\_\_\_\_

b) If the applicant does not have Irish citizenship please state what year he/she arrived in Ireland. Year: \_\_\_\_\_

c) Which language is the main language spoken in the home?

Irish  English  Other

d) To which ethnic or cultural background does the student belong? (You may opt not to answer to this part (categories are taken from 2016 Census Form).

| Please tick only category:                        | Please tick (✓) |
|---|-----------------|
| White Irish                                       |                 |
| Irish Traveller                                   |                 |
| Roma  |                 |
| Any other White Background                        |                 |
| Black or Black Irish – African                    |                 |
| Black or Black Irish – any other Black Background |                 |
| Asian or Asian Irish – Chinese                    |                 |
| Asian or Asian Irish – Any other Asian Background |                 |
| Other including mixed background                  |                 |

## Section B: Educational Details

(Required for the assessment of individual educational needs)

### 1. Study of Irish

a) Irish is a compulsory subject for all students. Exemptions from the study of Irish are only granted in exceptional cases. Is the student currently studying Irish? *(Tick (✓) the relevant box)*

Yes  No

b) If the answer to question is 'No' please indicate the reason by ticking 1, 2 or 3 below:

| Reason  | Please tick<br>(✓) |
|---|--------------------|
| 1) The student lived outside of Ireland until 11 years of age   |                    |
| 2) The student is re-enrolling in a state school having spent at least three years abroad and is at least 11 years of age   |                    |
| 3) The student has a psychological report recommending exemption from the study of Irish. The assessment has been carried out within the last three years. (In this case the school will require a copy of this report) |                    |

### 2. Access to Resource/Learning Support Hours

a) Has the student had a psychological assessment? *(Tick (✓) the relevant box)*

Yes  No

If the answer to (a) 'Yes' please indicate if the psychological report is available? *(Tick (✓) the relevant box)*

Yes  No

b) Has the student been granted resource teaching hours by the National Council for Special Education (NCSE)? *(Tick (✓) the relevant box)*

Yes  No

c) Has the student had the services of a Special Needs Assistant (SNA) granted by the NCSE? *(Tick (✓) the relevant box)*

Yes  No

**d)** Has the student had learning support at Primary School? (*Tick (✓) the relevant box*)

Yes  No

***If the answer to (d) is 'Yes' please provide details:***

### **3. Enrolment for Cosán**

Additional documentation must be provided if you are making an application for a place in Cosán.

**a)** A Diagnosis from a psychiatrist, psychologist, or a member of a Multi-Disciplinary team that has assessed and classified the child as having autism or autistic spectrum disorder according to DSM-V or ICD 10 criteria and a recommendation for a placement in a special class for autism within a mainstream school.

Written record of diagnosis is enclosed. (*Tick (✓) the relevant box*)

Yes  No

**b)** Any other relevant reports – speech & language therapy / occupational therapy and psychological reports.

List the reports you have enclosed with this application.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Section C: Medical Details

*(Required to ensure the school has an accurate record of medical conditions including your Doctor's contact details in the event of a medical issue arising during school activities. Please note that it may be necessary to disclose this information to staff)*

|                  |  |
|------------------|--|
| Doctor's Name    |  |
| Practice Name    |  |
| Address          |  |
| Telephone Number |  |

**a) Has the student a Medical Card? (Tick (✓) the relevant box)**

Yes  No

**b) Does the student require glasses? (Tick (✓) the relevant box)**

Yes  No

**c) Does the student have hearing difficulties? (Tick (✓) the relevant box)**

Yes  No

**d) Does the student have any of the following Chronic Conditions?**

| <b>Tick (✓) appropriate box:</b>                | <b>Please indicate medication or procedures that may apply?</b> |
|---|---|
| <input type="checkbox"/> Asthma                 |   |
| <input type="checkbox"/> Diabetes               |   |
| <input type="checkbox"/> Epilepsy               |   |
| <input type="checkbox"/> Anaphylaxis            |   |
| <input type="checkbox"/> Narcolepsy             |   |
| <input type="checkbox"/> Other (Please specify) |   |

**e) Any other medical concerns/information of relevance? (Tick (✓) the relevant box)**

Yes  No

## **Section D: General**

### **1. Consent to Participate in External Events**

The school organises a number of events which take place off-site each year. Please tick (✓) the relevant box below if you are happy for your son/daughter to take part in these events.

I give permission for my son/daughter to participate and/or attend off-site events once notice & details have been given in advance e.g. outdoor activities, sporting activities, educational tours, cultural events.

Yes  No

### **2. Gathering Additional Data**

Information held by other schools, services and/or agencies who are working or have worked with your son/daughter, may be helpful to the school in identifying appropriate supports to meet their needs. This may include Psycho-Educational Reports, Individual Education Plans (IEP/IPLP), etc. Please tick (✓) the relevant box below.

I give permission to Hansfield ETSS to access relevant data from other schools, services and/or agencies.

Yes  No

### **3. Use of Photographs, Digital Images and Videos**

It is customary to take photographs/digital images and videos of students engaging in activities to create a pictorial and historical record of school life and as a means of presenting projects and work done. The school maintains a database of these. Photographs and videos may be published on our school website and blog, newsletters and calendars. Please tick (✓) the relevant box below.

I give permission for photographs/digital images and videos of my child to be taken, used, published and stored as part of school life.

Yes  No

### **4. Data Protection Statement**

The information collected on this form or from other sources will be held by Hansfield ETSS in paper and/or electronic format. The information will be processed in accordance with the Data Protection Act 1988 and the Data Protection (Amendment) Act 2003 and School Policy and Procedures. The purpose of holding this information is for administrative purposes and to facilitate the school in meeting the student's educational or development needs. Disclosure of any of this information to statutory bodies such as the Department of Education and Skills or other agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians or students aged 18 or over if the school wishes to disclose this information to a third party for any other reason. Parents/Guardians of students and students aged 18 or over have a right to access the personal data held by the school and to correct it if necessary. Please tick (✓) the relevant box below.

I give permission for the use of the information supplied as described.

Yes  No

## **Section E: Submission of Form**

### **Parent/Guardian Declaration:**

I confirm that the details that I have provided are true and accurate to the best of my knowledge. If my child is offered a place in Hansfield ETSS I will support school policies and procedures and work with the school to ensure that my child complies with the Dress Code, Positive Code of Behaviour and other policies and procedures.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Completed Enrolment Application Forms should be returned to Hansfield ETSS by Friday 9<sup>th</sup> June 2017 @ 1pm.**

**Offers of places will be made by end of June 2017.**

### **Please note:**

- a) Please submit the completed Enrolment Application Form and relevant reports **only**. Additional details and information that may be required will be requested at a later stage.
- b) For enrolment in the school for the academic year 2017/2018, students must have reached the age of 12 years by January 1<sup>st</sup> 2018.
- c) Submission of an application for enrolment is not a guarantee of a place in Hansfield ETSS.
- d) If your child is offered a place Parents/Guardians must respond in writing to confirm acceptance within 14 days of the date on the letter of offer. Failure to respond within 14 days may result in the place being forfeited.
- e) It is the responsibility of parents/guardians to inform Hansfield ETSS of any changes of address, contact details or other relevant information that may occur after submission of the application for enrolment.
- f) The School's General Enrolment Policy (revised and ratified in May 2017) and Cosán Enrolment Policy (ratified in May 2017) are available at [www.hansfieldsecondary.ie](http://www.hansfieldsecondary.ie).