Scoil an Spioraid Naoimh, Senior Primary, Laytown, Co. Meath
Principal: Bláithín Maguire **Acting Deputy Principal**: Ms Orla Garry
Telephone: 041-9828091 **School Office Email**: secretary@ssnlaytown.ie
School Roll No: 20017F **Eircode:** A92E273

Pupil Registration No: _____ *(Office only)* ***Pupil Start Date:*** _____ *(Office only)*

Application Form for Admission 2027-2028 (Autism Classes)

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM. THIS FORM AND ALL RELEVANT DOCUMENTS (SEE FINAL PAGE) SHOULD BE PROVIDED TO THE SCHOOL AT THE ADDRESS ABOVE, BEFORE 22nd October 2026.

Please include your child's psychological report - with a recommendation for placement in an autism class attached to a mainstream school – with your application.

Pupil's First Name: _____**Pupil's Second Name**:_____

Date of Birth: (dd/mm/yyyy)_____ **Gender: Male/Female:** _____

PPS No: _____ **Nationality:** _____**Ethnicity:** _____

Home Address: _____

Eircode:_____

Home Phone: _____ **Religion:** _____
Place of Baptism (If baptised): _____**Date of Baptism**: _____
Please enclose your child's **Birth/Adoption Certificate. (**Please also enclose Baptismal Certificate if your child intends receiving the Sacrament of Confirmation in 6TH class).

Contact details for two guardians must be provided:

Father's Name: _____ **Mobile**:_____

Mother's Name: _____ **Mobile**:_____

Mother's Maiden Name: _____

Mobile number for school communications: _____

Email address for school communications: _____

Who does the child reside with? (please tick):

Both Parents at the above address: ____ Mother:_____ Father:_____ Other:_____
Are there any orders or other arrangements in place governing access to or custody of your child? If yes, please provide details: _____
How many siblings in the family:
Brothers: _____ Ages: _____ Sisters: _____ Ages: _____
Name of Family Doctor: _____ **Telephone:**_____

Medical Conditions (please specify): ***A healthcare Plan should be completed and attached to this application if appropriate.*** **(Healthcare Plan is available to download on school website).**

_____

Previous School Name & Address:

_____

Telephone No: _____Name of Teacher: _____ Class: _____

Consent for Transfer of Information

As Parents/Guardians of (child's name), _____I give permission to transfer all necessary and relevant information about my child to Scoil an Spioraid Naoimh, Laytown, Co. Meath. It is school policy to pass on the above information to the Department of Education and Skills. The school may share personal pupil data with other organisations such as HSE, Tusla, An Garda Siochana, etc, where there is a legal basis for doing so under GDPR.

Signature of Parent/Guardian: _____ **Date**: _____

Educational Information:

Does your child have an exemption from Irish? (Please tick)__Yes?____No?_____
If Yes – Please attach supporting documents

School Support and Intervention (please tick as appropriate):
Does your child have a Support File (Continuum of Support File)? Yes/no? _____
If yes, please send a copy of the Support File with this Form.
Special Educational Needs:

1. Has your child been assessed by a N.E.P.S., H.S.E.? If yes, outline details below.

2. Has your child been assessed by and or/ received support from an Occupational Therapist, Speech and Language Therapist, Paediatrician (regarding development issues) Psychological services or other? If yes, outline details below.

3.Has your family accessed support services from agencies, such as: H.S.E., Enable Ireland, N.E.P.S., Rainbows, or Child Focus? If yes, outline details below.

PARENTAL CONSENT FORM	
Pupil's full name:	**Please initial**
School Policy I/We the Parents/Guardians of the above named pupil, have read the School Policy document, which includes Bí Cineálta Code of Behaviour AND Autism Class Code of behaviour in use in Scoil an Spioraid Naoimh. I/We agree to abide by this code, and will work in co-operation with the staff to ensure that my/our child understands the Code and will abide by it.	
School Payments: I/We understand that there are costs in relation to my/our child's education in Scoil an Spioraid Naoimh. These costs relate to but are not limited to: PE Activities, Book rental fees, Life Skills (baking), photocopying classroom materials, provision of on-line resources, art supplies, educational and sports equipment, insurance, school Eolas App, etc. **This payment will be notified to you and is payable in full before the end of June 2027.** School trips, will incur additional fees, which will be advised at the time.	
Diagnostic Tests: During your child's time in Scoil an Spioraid Naoimh he/she will undergo various standardised tests administered by the teachers. He/she may also undergo various diagnostic tests if deemed necessary by the class teacher. Standardised tests are mandatory.	
School Activities: Your consent to your child taking part in school activities is hereby requested. All classes may undertake a variety of different activities outside the school premises – sporting, educational, physical activity on yard, etc. As a staff we undertake certain duties such as applying plasters to wounds or applying ice-packs as required. Photographs are taken of some class and school events (excluding swimming) for display purposes, which may include on our school website.	
Dept of Education and Skills: I give parental consent to share ethnic or cultural background and religion with the Department of Education and Skills. RSE (Relationship and Sexuality Education: Your consent is sought for your child to participate in the RSE programme in school, and parents will be consulted in advance. Parents have the right to withdraw their child from RSE lessons, on the strict understanding that the parent(s) is (are) taking responsibility for this aspect of education. It is the responsibility of the parents to inform the school of such a decision.	
In case of emergency: As a staff we undertake certain duties such as applying plasters to wounds or applying ice-packs for minor first aid incidents, as required. If your child has a medical emergency, you give permission for us to contact emergency services immediately and notify you of the situation as soon as possible.	
Exceptions: **If you wish to have your child excluded from any specific activity, or refuse consent for photographs, please send a letter into the school along with this consent form stating same.**	
Renewal of Consent: A consent form will be issued annually.	
Please sign in the box below:	
By signing this form your consent is taken as given for school activities as detailed above. Any exceptions but be notified in writing and must accompany this form. The list above is non-exhaustive.	
Parent/Guardian Signature 1: Date: **Parent/Guardian Signature 2: Date:**	

IMPORTANT - Have you enclosed the following documents with your application?

Document type	**Tick as appropriate**
A current bill-head in your name as proof of address (within the past 6 months)	
Birth Certificate	
Baptismal Certificate (if your child intends making Confirmation)	
Any learning support reports or assessments as may be relevant to your child (see Educational Information section).	
A completed Healthcare Plan (template available on school website) if your child has medical conditions of which the school needs to be made aware.	
Pupil Profile from Autism Class teacher (this may form part of your child's SSPP / IEP)	
School Support Plus Plan(SSPP) / IEP to include priority learning needs	
Personal Pupil Profile (PPP) in relation to role of SNA	
All relevant Professional reports including Clinical Psychology (which includes a recommendation for a placement in an Autism class attached to a mainstream school), SLT, OT, and/or any reports from other professionals who have been involved in supporting your child.	
Please note – Birth Certificate and Proof of Address are mandatory with all applications	

This completed Application for Admission Form - and all relevant documentation - must be received by the school prior to the application deadline of 22nd October 2026.

Only FULLY COMPLETED Application Forms - with all the necessary documentation included - will be considered.

If the school is oversubscribed for available ASD places – criteria will be applied as outlined in section 6 of SSN School Admission Policy (available on our school website).

Applications received after the application deadline will be placed on a waiting list.