

**SCOIL AN CHROÍ RÓ NAOFA SÓIS
SACRED HEART JUNIOR SCHOOL
CILL AN ARDÁIN / KILLINARDEN
TAMHLACHT / TALLAGHT
BÁILE ÁTHA CLIATH 24 / DUBLIN 24
FÓN: 01-4524064 TEL: 01-4524064
Roll: 19652B**

**ASD The DEN
APPLICATION FORM 2026 - 2027**

Child's Details

Name of Child:	PPSN:
Address:	Nationality:
Date of Birth:	Gender:
Home Phone:	Mobile Phone:
Birth Certificate: <input type="checkbox"/>	Proof of Address: <input type="checkbox"/>
Parents / Legal Guardians Nationality:	1st Language:
Number of children in family:	Place of child in family:

Names of brothers / sisters already in this school:

1. _____
2. _____
3. _____

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Parent / Legal Guardian Information

Mother / Guardian Name: Phone: Address: Work No: E-Mail:	
Father / Guardian Name: Phone: Address: Work No: E-Mail:	

Ethnic / Cultural / Religious Information

Consent to share with DES: Yes ☐ No ☐

Ethnic or cultural background: _____ Religion:

Language spoken at home: _____

Pre-school attended:

Early Start ☐

Other ☐ _____ None ☐

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Emergency Contacts

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Additional Information

Medical factors (asthma, allergies, etc.):

Concerns about development (speech, behaviour, etc.):

Speech therapy waiting list: Yes ☐ No ☐

Receiving speech therapy: Yes ☐ No ☐

Psychological Assessment: Yes ☐ No ☐

Occupational Assessment: Yes ☐ No ☐

Assessment of Need: Yes ☐ No ☐

Parent / Guardian Permissions

During your child's time in Croí Ró Naofa J.N.S., s/he will undergo various diagnostic/educational tests. I give permission for these tests to be carried out.

Signed: _____ Date: _____ Parent / Guardian

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Photographs in school/website/social media/newspapers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child's photograph/voice/video/work for school publications	Yes <input type="checkbox"/> No <input type="checkbox"/>
Treatment for minor accidents (e.g. cuts/grazes)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Taken to Doctor/Hospital in serious illness/accident	Yes <input type="checkbox"/> No <input type="checkbox"/>
HSE pupil info for dental/eye/hearing tests	Yes <input type="checkbox"/> No <input type="checkbox"/>
Participation in Stay Safe / RSE programmes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allow withdrawal from class for curricular support, social and emotional support etc	Yes <input type="checkbox"/> No <input type="checkbox"/>
Agreement with Code of Behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>
Support for school policies	Yes <input type="checkbox"/> No <input type="checkbox"/>
Abide by Nut & Egg allergy ban	Yes <input type="checkbox"/> No <input type="checkbox"/>
Participation in School Tours & local trips	Yes <input type="checkbox"/> No <input type="checkbox"/>
Co-operate with staff & support ethos of Sacred Heart JNS	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Documents Required

- Psychological report (ISoP registered psychologist, ASD recommendation)
- Copy of birth certificate
- NCSE Letter of Eligibility
- Proof of address
- Additional multidisciplinary reports (if applicable)

Parent / Guardian Declaration

I wish to enrol my Child: _____ (Name)

Signed: _____ Date: _____ Parent / Guardian

Signed: _____ Date: _____ Parent / Guardian