

Meánscoil Naomh Aingil
 Clochar na nUrsulach
 Port Láirge
 Website: www.ursulinewaterford.ie
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St. Angela's Secondary School
 Ursuline Convent
 Waterford
 Telephone: (051) 876510
 Roll No: 64990D

St. Angela's Secondary School, Ursuline Convent, Waterford Application Form for Second to Sixth Year

Student's Surname: _____ Forenames: _____

Known as: _____ Date of Birth: _____ Student PPS No: _____

Place of birth: _____ Mother's Maiden Name: _____

Primary School: _____

1. PARENTS / GUARDIANS DETAILS FOR ANY WRITTEN CORRESPONDENCE.

	Parent/Guardian 1	Parent/Guardian 2
Name		
Address		
Contact Numbers		
Email address		
Place of employment and contact details		

2. Please indicate **any family members** who have attended St. Angela's School or who are attending St. Angela's School at present.

Name	Relationship to student	Year of Graduation

NB. Please note that any changes to contact details must be notified immediately in writing to the school.

3. EMERGENCY CONTACT. Please include the name of any additional adult who should be contacted in an emergency. The student will not be permitted to leave the school with any other adult.

Name	Relationship to Student	Contact Number (s)	Address
<i>DR. Mandatory:</i>	<i>FAMILY GP</i>		

4. Hobbies and interests / Ambitions.

5. HEALTH RECORD. Please give dates and details of any significant illness now or when younger.

Sight:	Hearing:	Speech:
Heart:	Motor Skills:	Diabetes:
Epilepsy:	Asthma:	Allergies:
Migraine:	Trauma:	Other: _____

6. LEARNING NEEDS. Please give dates and full details of any supports this student has received.

Learning support received in primary school: _____

Please indicate if any of the following have been carried out for the student: **(NB. Attach copies of reports if applicable.)**

Educational Psychological Assessment:	<input type="checkbox"/>	Medical Assessment:	<input type="checkbox"/>
Occupational Therapy Assessments:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Does the student have an official exemption from Irish? (NB. Attach Certificate of Exemption.)			<input type="checkbox"/>

7. TRANSFER DETAILS.

Current School attended: _____

_____ Current Year Group: _____

Reason for Proposed Transfer: _____

_____ Year Group Applied for: _____

Please attach copies of two recent reports. Please attach copies of Junior Certificate results if this exam has been taken.

8. OUTSIDE AGENCIES. Please indicate the name of any individual from an outside agency who has given support to this student or her family.

SHY Project:	HSE / Social Work:
SWAY Project:	Youth Club: (Give name):
Barnardos:	Other:

9. OTHER INFORMATION. Please outline any additional information you feel necessary.

Special Class:

The sanctioned classes are intended to meet the needs of students with complex and severe educational needs arising from their diagnosis of ASD. The classes are intended for students who have a diagnosis of ASD meeting DSM-V or ICD-10 diagnostic criteria. The class is for all students who meet these criteria irrespective of cognitive ability.

A student with a diagnosis of ASD **must have a recommendation for placement in the Special Class** by a psychologist, psychiatrist or multidisciplinary team approved by the HSE.

Do you wish for your daughter to be enrolled in the Special Class (a copy of recommendation for placement in the Special Class **must** be provided with the application)? Please tick a box below:

YES NO

I have read the School Code of Behaviour and agree to support measures taken by the school to uphold this code.

Signature: _____
Parent / Guardian 1

Parent / Guardian 2

Date: _____

IMPORTANT INFORMATION:

Please note that acceptance of this Application Form does NOT guarantee a place in St. Angela's.

Please attach a **copy of your daughter's Birth Certificate.**

All information is compliant with the Data Protection act.