

Our Lady of Hope School

Armagh Rd, Crumlin, Dublin 12 D12V6RK

Application Form for Admission - 2024/2025

This Application Form is for admission to Our Lady of Hope School which should be completed in consultation with our Admissions Policy. It does not constitute an offer of a place, implied or otherwise.	
Completed applications will be accepted from:	8 th February 2024
The closing date for receipt of applications is:	1 st March 2024

Please note that applications cannot be processed unless all sections of the Application Form are completed.

All Application Forms and accompanying documentation should be sent to:	For Office use only
Our Lady of Hope School Armagh Rd Crumlin Dublin 12 D12V6RK	Date received: _____ Signed: _____

To ensure that your child's application is processed efficiently, please complete the form in CAPITAL LETTERS as fully as possible.

Section 1 – Details of Parent / Guardian
This information is sought for the purposes of making contact about this application. If

more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.

	Parent / Guardian 1	Parent / Guardian 2
First Name:		
Surname:		
Address:		
Eircode:		
Telephone Number :		
Mobile Number:		
Email address:		
Relationship to child:		

Emergency Contact Details: (if parent/guardian not available)

Name:	Mobile:	Relationship to child:
1.		
2.		

Section 2 – Details of Child

Details of the child for whom this application is being made.

First name:	
Middle Name:	
Surname:	
Child's Address:	
Eircode:	

PPSN:									
Religion:					Nationality:				
Date of Birth:	Day			Month		Year			

Has your child attended another School / Educational Setting: Yes: No:

If Yes, please provide name and address of School attended:

Years attended: _____

Does your child suffer from any medical condition: Yes: No:

If yes, please give details:

Does your child suffer from allergies: Yes: No:

If yes, please give details:

The following certificates are required with this application:

- Birth Certificate,
- Baptismal Certificate (if applicable)

Please ensure that all the following documentation is provided with this Application Form in order to complete the application:

- Recent Psychological Assessment containing a definite diagnosis of Autism Spectrum Disorder and Complex Needs,
- A recommendation within this report for a school for students with Autism and Complex Needs,
- Copies of any other reports containing original additional diagnosis,
- Social History (where appropriate),
- Medical Report (where applicable),
- Psychiatric Assessment (where appropriate),

- Speech and Language Therapy Report (where applicable),
- Previous School related Reports/Individual Education Plans, etc.,
- Any other relevant information.

Recommendation for Special Needs Assistant:	Yes	No
Recommendation for School Transport:	Yes	No
Recommendation for Bus Escort:	Yes	No
Is your child in receipt of Home Tuition:	Yes	No

Incomplete applications will not be considered for admission.

If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid and an offer of a place in Our Lady of Hope School may not be made.

Reports cannot be accepted after the application closing date.

Signature of Parent / Guardian 1

Date

Signature of Parent / Guardian 2

Date