

Date Received: SENO use only

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Notification to NCSE of Enrolment in Special School/Special Class** | | | | | | | |
| **Note 1:**  **This form should be used to confirm enrolment of a student in a special school/special class. Please ensure that all sections of the form are completed in full prior to submitting to the SENO and that the relevant professional reports are attached.** | | | | | | | |
| 1. **STUDENT DETAILS** | | | | | | | |
| **Name of student** |  | | | | **Gender** | **M** | **F** |
|  |  |
| **Home Address** |  | | | | **Eircode** | | |
|  | | |
| **PPSN** |  | | | **Date of Birth** |  | | |
| **Date enrolled in school** |  | | | **Category of assessed disability** |  | | |
| **B. SCHOOL DETAILS** | | | | | | | |
| **Name of School** |  | | | | | | |
| **Address of School** |  | | | | **Eircode** | | |
|  | | |
| **School roll number** |  | | | **Phone Number** |  | | |
| **Email address** |  | | | **Name of Principal** |  | | |
| **Designation of special school, as applicable** | | | |  | | | |
| **Designation of special class, as applicable** | | | |  | | | |
| **C. DETAILS OF PROFESSIONAL REPORT(S)** | | | | | | | |
| **Professional** | | **Please tick ✓** | **Author of report** | | **Date of Report** | | |
| **Psychologist** | |  |  | |  | | |
| **Visiting Teacher** | |  |  | |  | | |
| **Occupational Therapist** | |  |  | |  | | |
| **Psychiatrist** | |  |  | |  | | |
| **Speech and Language Therapist** | |  |  | |  | | |
| **Other, please specify** | |  |  | |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **PARENTAL/GUARDIAN CONSENT and DECLARATION BY PRINCIPAL** | | | | | | | | |
| **Note 2:**   1. The school should consult with parent(s)/ guardian(s) prior to notifying the NCSE of this enrolment. 2. The NCSE is provided with this information to facilitate the allocation of additional resources to schools for students with special educational needs. 3. The NCSE is required to keep and maintain these records for the purposes of identifying persons accessing additional resources and planning the provision of special educational and support services. 4. The Declaration at end of this form must be signed by the Principal of the school. | | | | | | | | |
| **PARENTAL/GUARDIAN CONSENT** | | | | | | | | |
| **I/We, the undersigned, being the parent(s)/guardian(s) of the above named student confirm:**   * That this enrolment has been discussed with me. * That I am aware that all information relating to this notification of enrolment will be kept on file, and made available to the SENO/NCSE and may be used for planning and research purposes with a view to improving the delivery of special education services. * That placement in the school/class is subject to review. | | | | | | | | |
| **Signed** |  | | **Name** |  | | | **Date** |  |
| **Signed** |  | | **Name** |  | | | **Date** |  |
| **DECLARATION OF PRINCIPAL** | | | | | | | | |
| **I hereby confirm:**   * that this enrolment is supported by the Chairperson of the school’s Board of Management. * that in making enrolment full consideration has been given to any support services already in the school. * that the staged approach to assessment as outlined in DES circular 02/05 has been followed, (where appropriate). | | | | | | | | |
| **Signed** | |  | | | **Date** |  | | |