

St. Joseph's Primary School for Children with Visual Impairment



**Application for Admission
School Year 2020-2021**

General Information

St. Joseph's Primary School for Children with Visual Impairment is a special national school. It provides education exclusively for children who have a visual impairment that cannot be corrected satisfactorily by wearing glasses or contact lenses and for whom visual impairment is their primary barrier to learning. Places will be offered to children who meet the criteria, as outlined in our Admissions Policy, except where:

- the school is oversubscribed or
- a parent/ guardian fails to confirm acceptance of the school's code of behaviour and intent to support their child in complying with this code.

The school's Code of Behaviour can be found at the back of this Form.

Applications and decision dates for admission to Junior Infants or a Junior MDVI Class in school year 2021-2022 are published in the Annual Admission Notice on our website. Decisions on late admissions will be in accordance with the Admission Policy. Completed forms and enclosures should be received at the address below on or before: **Wednesday, 27th January 2021**

Principal,
St. Joseph's Primary School for Children with Visual Impairment,
Gracepark Road,
Drumcondra,
Dublin,
D09C803.

For enquiries, please contact the Principal, Gwenda Johnson, at: 01 8373696

Data Protection

St Joseph's Primary VI will comply with Data Protection requirements and will securely store, in locked facilities within the school building, all documentation relating to your child's application. By submitting this Application Form, you agree to relevant details being shared with ChildVision Multi-Disciplinary Team (MDT), the National Council for Special Education (NCSE), Dept. of Education School Transport Section, Bus Éireann School Transport, other relevant sections of Dept. of Education and other agencies, as required by law.

Section 1: Details of Applicant

Child's Full Name: *(as on Birth Certificate)*.....

Date of Birth: **PPS Number:**

Address:

..... **Eircode:**

Religion:

(If Catholic and you would like your child, where possible, to prepare for and receive First Holy Communion/ Confirmation within the school community, please include copy of Baptismal Cert.)

Child lives with: Mum Dad Both Parents

Guardian Foster Family *(Please tick as relevant)*

Parent 1/ Guardian – Name and Contact Details:

Name: Address:

Mobile No: Landline No:.....

Email:

Parent 2 – Name/s and Contact Details:

Name/s: Address:

Mobile No: Landline No:.....

Email:

Foster Family – Names and Contact Details: *(if relevant)*

Name/s:Address:

Mobile Numbers:Landline No:.....

Emails:

Language/s spoken at home:

Section 2: Visual Impairment

An official letter from an ophthalmologist stating a full diagnosis of the nature and cause of your son/daughter's visual impairment must be sent with this application. Details which should be included in the letter are:

- a. Name of Eye Condition/Cause of Visual Impairment
- b. Distance Visual Acuity – with correction
- c. Near Visual Acuity – with correction
- d. Visual Field
- e. Prognosis if known

Please also provide the following information:

At what age was your son/ daughter's visual impairment discovered?.....

Vision for Mobility:

.....

Does your son/daughter use a white cane?.....

Vision at Night:

Does he/she use glasses or any other low vision aid e.g. handheld magnifier?
If yes, what type?

.....

Any other information about vision you feel is relevant:

.....

Section 3: General Development, Health and Medical

(These questions are asked to ensure awareness of your child's support needs)

Has any additional disability been diagnosed? (e.g. hearing/ physical/ learning disability) If yes, please give full details.

.....

.....

Does your child walk?At what age, approximately?

Does your child vocalise? use some words? use sentences?
use other communication system? (please specify)

Is he/she toilet trained?

Does he/she dress independently?.....

Any serious illnesses or hospitalisation?

.....

Any feeding or swallowing difficulties? (please specify).....

.....

Any sleeping problems?

Any special medications, (e.g. for epilepsy), or medical procedures (e.g. suctioning), needed during school day? (Please provide full details)

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Any behavioural difficulties, e.g. self-harm, shouting, aggression? (Details please)

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.....

Any sensory processing difficulties of which you are aware, e.g. hyper sensitivity to sounds, smells, textures? (Please provide details)

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Section 4: Family Doctor and Other Support Services

Name and Address of Family Doctor:

.....

Family Doctor's Telephone No.....

Details of Services used by your son/daughter, e.g. ChildVision, EI Team, Enable Ireland, Central Remedial Clinic, St. Michael's House, etc.

Service Provider	Services Received	Contact Name

Section 5: Educational History

Visiting Teacher Service:

Is your child on the caseload of a Visiting Teacher for the Visually Impaired?

If yes, please give name:.....

Is your child on the caseload of a Visiting Teacher for the Hearing Impaired?

If yes, please give name:.....

Pre-School:

Attending now? YES NO (please tick)

Name of Pre-School/s (current/ previous):

Number of Days per Week:

Number of Years at Pre-School:

Contact Person at Pre-School:

Other Primary School: (if applicable)

Name and address of current school:

.....

Current Class (e.g. Senior Infants/ First Class):

Principal's Name:

Section 6: Other Information

Child's Likes:.....

.....

.....

Child's Dislikes:.....

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Any other information you feel is relevant:.....

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Checklist

Please submit the following documents with this application

Copy of Birth Certificate

Copy of Baptismal Certificate (if applicable)

Official Diagnosis of Visual Impairment

Psychological Report (*not required if referred by Visiting Teacher for VI from mainstream class unless there is a known behaviour difficulty*)

Medical Diagnosis of any additional disability/condition

Copies of any recent Therapy Reports

- Speech and Language Therapy

- Occupational Therapy

- Physiotherapy

Pre-School Report or most Recent School Report



Code of Behaviour

Younger children, as able, will be taught the six 'Golden Rules' and older children will be taught the '**FRESH**' values. '**FRESH**' stands for **F**air; **R**espectful; **E**ngaging; **S**afe; **H**onest. Our aim is to promote these values throughout the whole school community: management, staff, children, parents and all other stakeholders.

Adults within the school community are expected to model FRESH values to the children and to each other. Parents are asked to cooperate with teachers in implementing this code.

General Behaviour Code

Pupils should make every effort to:

- Attend school daily, unless not well enough to do so
- Be kind, polite and respectful to all
- Follow instructions given by all school and ChildVision staff who work with them, including teachers, SNAs, bus escorts, therapists and nurses
- Wear glasses or use low vision aids which may have been issued
- Give their best effort to all school activities
- Respect school property, other people's property and the environment
- Wear and have pride in the school uniform – exceptions for those with sensory issues.
- Do homework set by teachers

As appropriate, teachers agree additional class rules with pupils, based on the Golden Rules and FRESH values. Specific rules for the school yard, corridors and for 'out and about' times are part of our code of behaviour too.

Sanctions

The school operates a policy of partnership with all parties to promote a positive attitude towards school and learning. However, on very rare occasions it may be necessary to apply sanctions for inappropriate behaviour. This includes verbal warnings, temporary separation from peers, loss of privileges, short-term placement in other classes and conduct sheets. In cases of on-going failure to follow the positive behaviour code, parents may be invited to meet with the Principal and Chairperson of the Board of Management.

For gross misdemeanours, immediate suspension may be necessary to facilitate a full investigation. Sanctions and application of this code are tailored according to the additional support needs of individual pupils.

Enrolling your son/daughter in the school implies that you are in full agreement with the above Code and will support the school in its implementation. Please sign below.

I agree to support the school in its implementation of the above code.

Signed: _____ and _____ (Parent/s or Guardians)

Date: _____

Declaration of Parent(s)/Guardian(s):

This application form has been completed by:

Print Name(s):

Signature(s):

Date:

Correspondence in relation to this application should be sent to:

Name/s:

Address:

