

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



**Application for Junior Cycle L1LP Class**

**School Year 2023-2024**

## General Information

St. Joseph's Primary School for Children with Visual Impairment has been given sanction to retain pupils with a lower moderate or severe and profound general learning disability until 18yrs of age, where the chief barrier to learning is visual impairment. Students meeting these criteria will initially follow Junior Cycle Level 1 Learning Programmes (L1LP) in a suitable class, except where:

- there is no vacancy in a suitable class 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.

Transition from primary level into a Junior Cycle class at St Joseph's is not automatic. Where a young person's additional behavioural needs are of a nature, or are at a level, that cannot be met collaboratively by the school and Child Vision MDT/ Nursing, another second-level setting should be sought where specialist personnel can provide optimal levels of support.

Where places in a suitable class are oversubscribed, selection criteria will be followed as outlined in Section 6 of our Admissions Policy.

Application and decision dates for admission to Junior Cycle L1LP Class in school year 2022-2023 are published in the Annual Admission Notice on our website. Decisions on late applications will be in accordance with the Admission Policy. Completed forms and enclosures should be received at the address below on or before:

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### **Completed forms and enclosures should be received at the address below:**

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

Young Person's Name: .....

Date of Birth: ..... PPS Number: .....

Address: .....

..... Eircode: .....

Young Person lives with: *(Please tick the most relevant box)* Both Parents

Mum  Dad  Guardian  Foster Family

### 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: .....

Religion: .....

## Previous Education Information:

➤ Did young person attend St. Joseph's Primary School for Children with VI?

YES  If yes, please state year of entry: .....

NO  If no, please note:

Name of previous school: .....

Year of entry: .....

Name of Visiting Teacher for VI: .....

## Visual Impairment:

➤ Does this young person have a diagnosis from an ophthalmologist or optometrist of a significant visual impairment that is a primary barrier to learning and that cannot be corrected satisfactorily by wearing glasses:

- a visual acuity of 6/18 or less OR

- a deteriorating visual condition OR

- a significant central vision and/or peripheral visual field loss OR

- a significant difficulty with functional vision such that seeing and learning are affected?

YES  NO

*(If transferring from another school, a recent ophthalmology report and a recommendation from a Visiting Teacher for VI will be required.)*

## Cognitive Ability and Additional Disabilities: *(Please tick)*

➤ Severe or profound general learning disability?

➤ Lower Moderate general learning disability?

➤ Moderate general learning disability with additional disability?

Please note any additional disability: .....

**Behavioural Difficulties:** *(Please tick)*  YES  NO

If yes, please give details: .....

.....

**Health & Medical:** *(These questions are asked to ensure that necessary nursing/ care supports are considered.)*

**Please tick ✓ all that apply to your young person:**

- Has a feeding PEG/ JEG
- Has feeding and swallowing difficulties
- Uses the toilet independently
- Uses the toilet with support
- Uses nappies/ pads
- Has a stoma/ colostomy bag
- Has epilepsy with frequent seizures
- Has epilepsy with infrequent or no recent seizures
- Requires suctioning
- Has reflux
- Has gastro-intestinal issues
- Sleeping problems
- Allergies: (Please note details: .....)
- Sensory Processing Difficulties: (Please note details:.....)
- Other: (Please note details: .....)

**Please give details of any medication or medical procedure that needs to be administered during the school day:**

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## Family Doctor and Other Agencies or Support Services

➤ Name and Address of Family Doctor: .....

.....Doctor's Telephone No.....

➤ Does your young person receive services from ChildVision? YES  NO

➤ Please note below any other service or hospital your young person attends:

	Service/ Hospital	Contact Name
Local CDNT (Children's Disability Network Team)		
Ophthalmology		
Paediatrics		
Psychology/Psychiatry		
FEDS		
Seating Clinic		
Respite		
Behaviour Clinician		

## Parent /Guardian Checklist/ Declaration *(Please tick as relevant)*

St. Joseph's is already in possession of the documents below

OR

**I/ We enclose these documents with this application:**

Copy of Birth Certificate

Official Diagnosis of Visual Impairment

Recommendation from VTVI

Psychological Report

Medical Diagnosis of any additional disability/condition

Copies of any recent Therapy Reports

Most recent School Report and IEP

**All Parents/ Guardians to please read and sign the statements below:**

- I/ We have fully completed this Application Form
- I/ We understand that the Board of Management's acceptance of a completed Application Form does not constitute the offer of a place in Junior Cycle L1LP class.
- I/ We understand that St. Joseph's is a Department of Education and Skills (DES) funded Special School, under the Patronage of the Catholic Archbishop of Dublin.
- I/ We understand that St. Joseph's works closely with the ChildVision Multi-Disciplinary Team and that information supplied (and subsequent updates) will be shared, as required, with this team and other agencies as noted on the front page of this form.
- If a place is offered and accepted, I/We will adhere to the School's Code of Behaviour and other school policies and procedures, details of which I/we understand can be accessed upon request. If offered a place, I/ we will support our young person in complying with the school's policies and procedures.
- On this basis, I/ we wish to apply for a place for the young person named on this form in Junior Cycle L1LP Class at St. Joseph's, Gracepark Road, Drumcondra, Dublin 9, D09 C803.

**Parent/ Guardian 1**

Print Name(s): .....

Signature(s): .....

Date: .....

**Parent/ Guardian 2**

Print Name(s): .....

Signature(s): .....

Date: .....

**Correspondence in relation to this application should be sent to:**

Parent/ Guardian 1

Parent/ Guardian 2

Both