



St. Gabriel's National School, Cowper Street, Dublin 7.

Principal: Suzanne Comerford Deputy Principal: Brenda Whyte

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Application Form for the Moderate Learning Disability Special Class

Please complete this form and send/email it to the school office.

Child's First Name:	Child's Surname:
Date of birth:	Nationality:
Gender:	Siblings in school:
Mother's name:	Father's name:
Email:	Email:
Mobile Number:	Mobile Number:
Address:	

Signed: _____

Date: _____

Signed: _____

Date: _____

Office use only:

Date of Receipt	Date Decision Letter Sent
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Educational History:

Has your child attended a school/playschool before now?	Yes	No
If Yes, please give details. Name, Address, Phone Number of school/playschool: How long attended:		

Support from other agencies:

Has s/he been referred to or attends any outside agencies?		If yes please give details:
Speech therapist	Yes/No	
Social worker		
Psychologist		
Occupational therapist		
Early Intervention Team		
Other specialist?		
Please attach a copy of any report that you may have from any of the above professionals.		

Social Training/Self-Help Details:

Can your child feed himself/herself unaided? Yes No If No, please give details of how much assistance he/she requires:
Please give details of how much assistance your child requires with dressing:
Please give details of your child's toileting needs:

Childhood Illnesses:

Comment (type, duration, hospitalisation etc.):			
Has s/he a problem in any of the following areas:			If yes please give details:
	Yes	No	
Sight			
Hearing			
Kidneys			
Speech			
Chest (asthma)			
Allergies			
Physical co-ordination			

Temperament			
Sociability			
Concentration			

Has s/he been referred to any clinic or specialist?

If yes, please give details:

Medication:

Is your child on any long-term medication(s)? Yes No

If Yes, please give details:

Will your child need medication in school?

If yes, please give details:

Any other comments relevant to the application:

Should there be any confidential information that you do not wish to be put on this form this can be discussed with the Principal at any time.

Parent/Guardian's signature:

Date:

Parent/Guardian's signature:

Date:

Checklist for Application

Have you included the following with your Application Form?

- ✓ All sections of the Application Form is completed
- ✓ Birth Certificate
- ✓ Psychological Assessment Report stating your child has a primary diagnosis of a Moderate Learning Disability
- ✓ A specific recommendation (not more than two years prior to the proposed admission date) that a Special Class for children with a Moderate Learning Disability is a suitable placement for your child
- ✓ All other professional reports available in relation to your child, e.g., Speech and Language, Occupational Therapy, etc.
- ✓ Report/Assessment from current educational setting