



# Heywood Community School

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Roll No: 91427C

## APPLICATION FOR ADMISSION TO HEYWOOD COMMUNITY SCHOOL THE RYAN CENTRE (ASD) YEAR 2024/2025

### STUDENT PERSONAL DETAILS

Surname: \_\_\_\_\_ Christian Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ PPS No: \_\_\_\_\_

### FAMILY DETAILS

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address : \_\_\_\_\_

\_\_\_\_\_

Eircode: \_\_\_\_\_ Eircode \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian(s)/Foster Parent(s): \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Names of siblings already attending Heywood C.S.

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

### EDUCATION DETAILS

Name & Address of Primary School /ASD Centre attended: \_\_\_\_\_

Phone No: \_\_\_\_\_

**In order to enrol in The Ryan Centre your child must have a diagnosis of ASD including a formal recommendation to attend a special class in an ASD Centre attached to a Mainstream Secondary School. (See Checklist attached to the Ryan Centre ASD Admissions Policy).**

Have you included up-to-date psychological assessment with your application? YES  NO

Is your child enrolled in an ASD Centre in Primary School? YES  NO

**If No:** Do you have **either** a letter from your service provider **OR** statement in psychological report **stating** that your child needs to be enrolled in an ASD Centre? YES  NO

Is Heywood Community School your nearest ASD Centre? YES  NO

Please indicate the Year you wish to enrol your son/daughter?

1<sup>st</sup> Year  2<sup>nd</sup> Year  3<sup>rd</sup> Year  TY  5<sup>th</sup> Year  6<sup>th</sup> Year

### LEISURE ACTIVITIES

Please specify Artistic/Creative /Sporting/or other hobbies.

### STUDENT'S HEALTH

If your son/daughter has any medical condition(s) of which we need to be aware of (Asthma; Diabetes; Epilepsy; Hearing; Sight etc.) please give details.

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

### PARENTS' / GUARDIANS' PERMISSION

For the purposes of school promotion and the acknowledgement of achievements I/we give permission to the school for my/our son/daughter:

- (a) to appear in group or individual photographs. YES  NO
- (b) to be featured as an individual or a member of a group in local newspapers, the school website or school magazines. YES  NO
- (c) to travel on school trips both sporting and educational which may be organised by the school from time to time. YES  NO

### PARENTS' / GUARDIANS' ENROLMENT SIGNATURES

\*Both signatures (where applicable) needed. These signatures endorse the completed details of this Application Form.

**I/we wish to enrol my/our son/daughter in Heywood Community School. I/we undertake to see that my/our son/daughter will attend school punctually and regularly. I/we have received and understand the school's Code of Discipline and I/we undertake that my/our son/daughter will obey the rules of the school.**

**I/We agree to co-operate with the School Authorities in the implementation of this code and all school regulations and policies.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Services & Extra-Curricular Fee of €100 / €70 and a COPY of Birth Certificate (to be retained by the school) must accompany this Application Form.**

S. S.E.C. Fee:

Birth Certificate:

**Please Note €100 / €70 includes: Personal Accident Insurance; Assessment Tests; Use of Locker; School Diary; Communications Examination etc.**

**Note:** Pupil P.P.S. number is available from the Child Benefit Department, St. Oliver Plunkett Road, Letterkenny, Co. Donegal. Tel: 074/9164400. A parent must have their own P.P.S. number in order to obtain their son's/daughter's number.

For Office use only

DATE	CASH/CHEQUE	BIRTH CERT (Y/N)	REPORT (Y/N)	PPS (Y/N)	CHECKED	PPOD
NOTES						