***Strictly confidential***

**Application form for Enrolment to the School of the Divine Child**

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| ***Childs Name:*** |
| ***Date of Birth (Proof of DOB):*** |
| ***Address:*** |
| ***Phone Contacts:*** |
| ***E mail Addresses:*** |
| ***Parents Name(s)/ Legal Guardian:*** |
| ***Language/s Spoken at home:*** |
| ***Religion*** |
| ***Certified Medical Condition from a registered Hospital Consultant:*** |
| ***Medications prescribed:*** |
| ***Speech and Language:*** ***F.E.D.S. report:******Augmented Assistive Technology:*** |

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| ***Service Provider: Enable, Cope, Brothers of Charity,******Name of Contact:***  |

|  |  |
| --- | --- |
| ***Name of S.E.N.O.*** |  |
| ***C.D.N.T Division:*** |  |
| ***Contact Details of Key Worker:***  |  |

***Please include all the following reports applicable:***

|  |  |
| --- | --- |
| ***Psychological Assessment Report:*** |  |
| ***Physiotherapy Report:*** |  |
| ***Occupational Therapy Report*** |  |
| ***Speech and Language Communication Report:*** |  |

**I wish to apply for enrolment in the School of the Divine Child.**

***Please tick which section for this year:***

**Primary \_\_\_\_\_\_\_\_\_\_\_\_ Second level \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian**

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| **Received by School on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed:** |

**We gather and process yours child’s personal data for the purpose of administering the education of your child. To facilitate this, we will input your child’s data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools) from where the data is only processed for the above purpose.**